

This is a repository copy of *Managing Mental Health in Small and Micro Businesses*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/170053/>

Version: Published Version

---

**Monograph:**

Suter, Jane Elizabeth [orcid.org/0000-0002-3862-0147](https://orcid.org/0000-0002-3862-0147), Irvine, Annie Louise [orcid.org/0000-0002-6082-5675](https://orcid.org/0000-0002-6082-5675) and Howorth, Carole [orcid.org/0000-0002-5547-687X](https://orcid.org/0000-0002-5547-687X) (2021) *Managing Mental Health in Small and Micro Businesses*. Report.

---

**Reuse**

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.

# Managing Mental Health in Small and Micro Businesses: Research Report



**Dr Jane Suter<sup>1</sup>, Dr Annie Irvine<sup>2</sup> and Prof Carole Howorth<sup>1</sup>**

- 1. University of York Management School**
- 2. Kings College London**

**Report published January 2021**

**Correspondence to: [jane.suter@york.ac.uk](mailto:jane.suter@york.ac.uk)**

## Table of Contents

1. Introduction .....	5
1.1 The Voice and Experience of Small and Micro Enterprises: A Missing Piece of the Evidence Base .....	5
1.2 Sample .....	6
Table 1: Sample overview .....	7
1.4 Interview method .....	8
1.5 Employee cases described .....	8
2. Extent and nature of manager experiences .....	9
2.1 Extent of manager experience of supporting employees with mental health problems ....	9
2.2 Types of mental health problem encountered .....	10
2.3 Confidence to address employee mental health problems .....	11
3. Approaches to supporting mental health in the workplace .....	14
3.1 Engagement with the workplace mental health agenda.....	14
3.1.1 Accreditation schemes.....	14
3.1.2 Mental health policies .....	14
3.1.3 Counselling provision .....	15
3.1.4 Mental health awareness training.....	15
3.1.5 Information resources for employees .....	15
3.2. Recruitment and retention approaches .....	16
3.3 Promoting mental wellbeing .....	18
3.4 Promoting a climate conducive to flexible working .....	19
3.5 Cultures of openness around mental health in the workplace .....	20
3.6 Drivers of support .....	22
3.6.1 Organisation values.....	22
3.6.2 Recruitment and retention .....	22
3.6.3 Legal obligations .....	23
3.7 Proactive vs. reactive approaches to employee mental health .....	24
4. Disclosure of mental health problems.....	26
4.1 Pathways of employee disclosure .....	26
4.2 Sharing information with co-workers .....	28
5. Adjustments and support .....	30
5.1 Types of adjustment and support offered .....	30
5.1.1 Supportive meetings .....	30
5.1.2 Support plans .....	31

5.1.3 Adjustments to hours and duties .....	31
5.1.4 Working from home.....	32
5.1.5 Flexible approaches to long and short term sick leave .....	32
5.1.6 Counselling, therapy and time off for appointments .....	33
5.1.7 Coaching and confidence building.....	34
5.1.8 Purchase of self-help materials .....	34
5.1.9 Financial support for personal crises .....	34
5.1.10 Liaison with third parties .....	35
5.1.11 Monitoring, vigilance and proactive support .....	35
5.2 Co-worker perspectives .....	36
5.3 The feasibility of adjustments and support for small businesses.....	37
6. Sources of information and guidance.....	38
6.1 Online sources.....	38
6.2 External HR consultants .....	40
6.3 Occupational health assessments and GP letters.....	42
6.4 Other sources of information and guidance.....	42
7. Absence and presenteeism .....	43
7.1 Absence management .....	43
7.2 Impact of employee absences .....	43
7.3 Presenteeism challenges .....	45
8. Employee factors shaping effective workplace support .....	46
8.1 Insight into mental health difficulties.....	46
8.2 Willingness to discuss difficulties.....	47
8.3 Willingness to take up offers of adjustments and support .....	48
8.3.1 Reluctance to take sickness absence .....	48
8.3.2 Reluctance to adjust duties or workload .....	49
8.4 Proactivity in managing mental health symptoms .....	51
9. Employee outcomes.....	52
9.1 Achieving effective workplace functioning.....	52
Table 2: Employee outcomes.....	53
9.2 Situations where employees left the organisation.....	54
9.2.1 Voluntary and positive departures .....	54
9.2.2 Involuntary and challenging departures.....	54
9.2.3 Feelings about employee departures .....	55
9.2.4 Legal situations .....	56

10. Impacts.....	58
10.1 Impacts on the manager .....	58
10.1.1 Increased workload.....	58
10.1.2 Time spent supporting the employee.....	59
10.1.3 Manager concerns about doing the wrong thing .....	59
10.1.4 Emotional impact .....	60
10.2 Impacts on co-workers.....	61
10.2.1 Increased workload leading to increased stress.....	61
10.2.2 Time spent in providing emotional support .....	62
10.2.3 Workplace atmosphere, morale and tolerance.....	63
10.3 Impacts on business operations .....	65
10.4 Direct financial impacts .....	66
10.5 Indirect financial impacts.....	67
10.5.1 Diverted staff resources.....	67
10.5.2 Delays to growth or investment, and lost opportunities .....	67
11. Balancing support and performance management.....	69
11.1 Tensions in balancing support and performance management.....	69
11.2 Blurring of personal and professional roles.....	72
11.3 Navigating formality: benefits and challenges of a more formalised approach .....	73
12. Manager reflections and learning points.....	77
12.1 Open and supportive workplace cultures.....	77
12.2 Increasing manager knowledge and workplace supports .....	78
12.3 Sensitive handling of return to work .....	79
12.4 Earlier intervention on emergent problems .....	79
12.5 The benefits of processes and structure .....	80
12.6 Support, performance and employee accountability.....	81
12.7 The need for individualised approaches.....	82
12.8 The importance of support for managers .....	82
13. Conclusion .....	84
13.1 Summary of key findings.....	84
13.2 Policy Implications .....	85
13.3 Next steps and a research agenda .....	86
13.4 Sources of further information for small businesses.....	87
Acknowledgements.....	88
References .....	88

# 1. Introduction

## 1.1 The Voice and Experience of Small and Micro Enterprises: A Missing Piece of the Evidence Base

In recent decades, the social and economic impact of mental health problems among working age people has risen up the agenda across the western economies (World Economic Forum, 2016; World Federation of Mental Health, 2017). Common mental health problems, including stress, anxiety and depression, are a leading cause of workplace absence and productivity loss, with annual estimated global costs of over USD\$1 trillion (Chisholm et al., 2016). With mental health problems amongst the leading causes of disability globally (Vos et al., 2016), it is probable that even the smallest organisations will encounter mental health problems amongst their workforce.

The EU defines small businesses as having 50 or fewer employees and micro businesses as between 1 and 10 employees. Across western economies small and micro businesses account for 30-50% of private sector employment (Department for Business, Energy and Industrial Strategy, 2020; Australian Small Business and Family Enterprise Ombudsman, 2019; US Small Business Administration, 2017; European Commission, 2020). Over 80% of UK voluntary organisations are small (National Council for Voluntary Organisations, 2020). Small and micro enterprises important drivers of economic growth and recovery (Thompson, 2014; Thurik and Wennekers, 2004) as well as playing a significant role in social welfare, innovation and regional development (Mittra, 2013). Moreover, small enterprises are critical to supporting vulnerable workers, and can contribute significantly to broadening employment opportunities, social inclusion, and poverty reduction (World Economic Forum, 2017). Evidence from the UK indicates that small enterprises are more likely to employ sick and disabled people moving off incapacity benefits (Urwin and Buscha, 2012). Given their crucial social and economic role in employment, it is essential that small and micro enterprises are equipped to support and retain workers throughout periods of mental ill health.

There is a growing international literature on the management of physical health problems in small workplaces (Andersen et al., 2007; Eakin et al., 2002; Gunnarson et al., 2014; Wilson et al., 2012) which is not matched with studies that focus on mental health. To date, few empirical studies address, directly and in-depth, the first-hand experiences of small and micro employers in managing mental health problems among their staff. The vast majority of research on managing workplace mental health has been conducted within larger organisations with employer guidance arising from this research inevitably shaped around the experiences and needs of larger organisations, whose resources and capacities are likely to differ from small and micro firms. The aim of this research is to begin to address this gap in evidence. Using in-depth qualitative interviews, we explore the lived experiences of managers within small and micro businesses who had first-hand experience of supporting employees through mental health problems.

## 1.2 Sample

Twenty-one managers of small and micro businesses took part in this study. Recruitment benefited from the assistance of a number of organisations in the workplace mental health support sector and the small business community. These organisations shared details of the study among their members/subscribers and signposted to the project website. The researchers also attended relevant conferences and events, to promote the study via flyers and word of mouth. Interested managers contacted the researchers via email or an online form.

The 21 businesses represented a wide variety of sectors, including healthcare, social care, skilled manual trades, manufacturing, retail and sales, consultancy, law, digital media and community development. Participants' job titles included CEO, managing director, owner-manager, practice manager, operations manager and talent manager. Notwithstanding this variety in roles, all participants held some responsibility for HR and personnel management issues. For simplicity, in the remainder of this report, we refer to all research participants as *managers*. Table 1 presents the sample overview.

Businesses ranged in size from 3 to 54<sup>11</sup> staff members, including managers/directors. Around one-third were microbusinesses (1-10 employees). Fourteen were private sector enterprises and seven were charities. The businesses were located in a variety of urban and rural locations across England and Scotland. In the majority of cases, staff were direct employees, with the exception of one firm who employed staff on a freelance basis.

Managers, in most cases, held primary or jointly responsibility for HR issues within their organisation. Several firms also used the services of an external HR consultant. In several cases, managers had substantial on-the-job management experience but very few HR had any formal training in human resource management or were qualified HR professionals. Those with formal qualifications were among the larger businesses in the sample (30-50 employees), the largest firm having a dedicated HR team of two qualified individuals. Some of the third sector organisations had professional HR expertise among the members of their Board of Trustees.

Due to the focus of the study and the recruitment channels used, many of those volunteering to take part had a personal interest in mental health. Nine managers had personal experience of mental health problems, and five had close family experience. Six had professional training/qualification in mental health (e.g. psychotherapy, psychology). Around a third of the organisations had mental health as a significant part of their remit or mission, for example delivering mental wellbeing, vocational rehabilitation or social support programmes.

The organisational contexts and experiences with employees varied amongst participants. Whilst several common themes emerged from the data, and are thus likely to echo experiences among other small and micro business managers, the findings of this project cannot be generalised as being representative of small and micro businesses more widely.

---

<sup>1</sup> One firm reported 54 employees, exceeding our definition of a small business. At the time of the experience described, the firm was much smaller (around half its current size) and had experienced rapid expansion in the 2-3 years since the episode described.

Table 1: Sample overview

Participant identifier	Participant gender	Participant age	Sector	Industry	Employees <sup>2</sup>
Manager 1	Female	38	Private	Social Care	30
Manager 2	Male	57	Private	Healthcare	20
Manager 3	Female	33	Private	Skilled manual	3
Manager 4	Female	45	Private	Manufacturing/sales	49
Manager 5	Female	44	Private	Consultancy	30
Manager 6	Female	33	Private	Consultancy	6
Manager 7	Female	48	Charity	Social Care	33
Manager 8	Female	73	Charity	Social Care	7
Manager 9	Female	59	Private	Healthcare	32
Manager 10	Female	57	Charity	Healthcare	20
Manager 11	Female	47	Private	Law	50
Manager 12	Male	46	Charity	Community development	21
Manager 13	Female	56	Charity	Community development	9
Manager 14	Female	55	Private	Healthcare	20
Manager 15	Female	37	Private	Construction	54
Manager 16	Male	44	Private	Consultancy	4
Manager 17	Female	46	Private	Digital marketing	3
Manager 18	Male	46	Private	Food production	50
Manager 19	Female	56	Private	Equestrian	10
Manager 20	Female	54	Charity	Community development	12
Manager 21	Female	41	Charity	Information and advice	49

The study received ethical approval from the University of York Economics, Law, Management, Politics and Sociology Ethics Committee. Informed consent was obtained from all participants for being included in the study.

<sup>2</sup> Total number of paid staff, including research participant and any other owner-manager(s), but excluding (as relevant) voluntary staff and boards of trustees



## 1.4 Interview method

Interviews took place between November 2019 and February 2020. Participants were offered a face-to-face or telephone interview. Most opted for telephone interviews (n=17), while a few chose face-to-face (n=4). Interviews lasted between 37 and 110 minutes, average 71 minutes, and were recorded with participants' consent, with interviews transcribed.

Interviews began by gathering brief information about the business and the participant's role within it, and then explored their experiences of managing and supporting employees with mental health problems. Participants were first invited to tell their story in their own words, and then the researcher followed up with focused questions around various aspects of their experience. Key themes included: disclosure, absences, sources of information and guidance, impacts, learning points and final reflections.

## 1.5 Employee cases described

Managers described 45 individual employee cases in detail, along with several other cases mentioned 'in passing'. These detailed cases were not evenly distributed among the 21 managers. Experiences ranged from a single case, either recent/ongoing or in the past, to managers who encountered mental health problems among employees on a frequent and regular basis.

The employees whose mental health experiences were described by managers had been in a range of roles and positions within companies, from apprentice through to senior manager or partner level. Of note, the majority of employees described were skilled professionals, whose mental health difficulties emerged (or resurfaced) whilst in sustained employment. The sample included only one case of an employee who was recruited via a vocational rehabilitation scheme and had previously been long-term unemployed. The types of mental health problems amongst employees described by managers are detailed in Section 2.2.

## 2. Extent and nature of manager experiences

### 2.1 Extent of manager experience of supporting employees with mental health problems

For some managers, supporting an employee through mental health difficulties was a recent and new experience, the case(s) described during the research interview being the first they had encountered. In contrast, some managers described extensive experience. Whilst prevalence within workforces was not explored systematically, and the self-selecting nature of the study group should be kept in mind, from various comments made by managers, it was striking that rates of 20-30 percent of staff with mental health problems were not uncommon among these small and micro firms:

*Bearing in mind there's only 20 of us, at least a quarter, I know, are on medication for depressive behaviour or mental health conditions.*

(Manager 2, Healthcare, 20 employees)

*It's fair to say we have lost quite a large number of staff days to sickness through mental health and I think there are issues within the organisation... Two members of my team in the last year-and-a-half have had significant amounts of time off with low mental health.*

(Manager 12, Community development, 21 employees)

*To be fair, we have experience of it all the time.*

(Manager 19, Equestrian, 10 employees)

Some firms had the mental health support of others at the core of their business remit, and in this regard managers were particularly conscious of the emotionally demanding work carried out by their employees:

*Several of my staff have experienced mental ill health issues from time to time but, you know, we support people; that's the job. And because we work in mental health, I think we're more susceptible, anyway.*

(Manager 8, Social care, 7 employees)

*The work that they do is particularly stressful emotionally, I would say. So right from the very beginning, because of the actual job role, we're very mindful to do our best to protect mental health and well-being.*

(Manager 20, Community development, 12 employees)

## 2.2 Types of mental health problem encountered

We did not use a predetermined definition of mental health problems when inviting managers to take part. Rather, we adopted a broad conceptualisation that included any experiences along the spectrum of distress. As such, the employee cases described by managers covered a wide range of experiences, as we detail here.

Most employees (over two-thirds of the cases described) had experienced common mental health problems, including anxiety, depression and stress. A smaller proportion had experienced severe mental illnesses, e.g. personality disorder. Some employees had engaged in self-harm or disclosed suicidal thoughts. A minority of cases involved addiction and substance misuse. Additional symptoms described included paranoia, panic attacks, flashbacks and 'breakdowns'.

Several of the cases represented 'emergent mental health issues' (Martin, Woods and Dawkins, 2018), where the effects of one or more stressful or traumatic life events (e.g. work-related stress, physical illness, relationship breakdown, family pressures, abuse or assault, caring for seriously ill relatives, or suicide of a close family member) culminated in the experience of depression and/or anxiety.

Managers recognised the fluctuating nature of mental health, describing employees whose mental health problems manifested differently, and sometimes unpredictably, over time:

*She has depression, and at different points it kind of becomes worse, or she's able to manage it better at certain points.*

(Manager 1, Social Care, 30 employees)

*He quite often describes his anxiety as completely random, there's no rhyme or reason for it ... He never really seems to know when it's coming or what causes it; it just kind of happens and we just have to deal with it as each day comes really.*

(Manager 3, Skilled manual, 3 employees)

There was also understanding that managing mental health is often a long-term process rather than a one-off incident:

*Some of them, they're ongoing, so I don't think that we're out of the woods, because I think quite often mental health is an ongoing issue. It's not something that is cured, if you like.*

(Manager 5, Consultancy, 30 employees)

*What everyone forgets is that mental illness isn't like having chicken pox. You can't be off a month and then you're fine. If you've got a serious mental illness, there will always be times in your life when you need extra support, or less work or whatever.*

(Manager 7, Social care, 33 employees)

## 2.3 Confidence to address employee mental health problems

Where managers had some professional background in mental health, they could feel fairly well-equipped to approach and support employees around mental health problems that were impacting on their performance at work. A background in healthcare more generally could also be a source of confidence in broaching mental health situations in the workplace:

*I don't know whether it's easier for us, because a lot of our team are ex-healthcare professionals. So we've got that approach of [being] able to have these conversations. You know, we don't back off from them ... We've been in these situations and I guess we're more open and we don't get frightened by things. You know, if somebody tells us something, we don't go, 'Oh, God, we can't deal with that.' We try and find a solution.*

(Manager 4, Manufacturing/sales, 49 employees)

Where managers had lived experience of mental health problems, either personally or with a close family member, this could give some confidence in supporting employees:

*I've suffered with depression and anxiety. I was employed by [public sector organisation] for a long, long time and they made my experience with that really difficult. They weren't supportive at all ... and I can kind of see how he feels and so I know what it's like to be on the receiving [end].*

(Manager 3, Skilled manual, 3 employees)

*I think because, at the top, the senior level, we've all experienced it, either personally, or through our families, or friends, or whatever, it gives us real empathy with the staff.*

(Manager 18, Food production, 50 employees)

Managers who were willing to share their own experiences of mental health problems felt that this could help to create a climate in which employees felt able to disclose difficulties:

*I'm not embarrassed by my previous mental health challenges that I've had. I've suffered with depression and anxiety in the past which stemmed from postnatal depression ... So, you know, although I don't say "I know how you feel", I can say that I can in some ways relate to what people are going through and that I'm quite a good advert for coming out of it the other end ... I am open about my own experiences and I do try and show that I do have some form of understanding of how they may be feeling.*

(Manager 11, Law, 50 employees)

Confidence to support employees with mental health problems could also come through maturity and years of experience in people management:

*I've honed that kind of thing over many years of doddling about, you know? If this was a 22-year-old or something, put in a managerial position and asked to understand the complexity of life of people that were a bit older or whatever, they couldn't cope with it because they don't have the life experience for it, you know?*

(Manager 10, Healthcare, 20 employees)

However, some managers with substantial leadership experience felt that their general people management skills would only serve them so far, and they would feel 'out of their depth' if dealing with an employee with what they perceived as a more severe mental health condition. Whilst they were confident to offer pastoral support to an employee in distress, they felt there was a limit to their ability to help, in the absence of specialist training:

*I'm not a counsellor, I don't have any kind of experience of that, other than just sort of general life and being around people and managing people ... I mean I've helped people who have come to work having just been thrown out by their wives, but that's more a kind of lending an ear, being supportive as a manager, but also then being supportive as someone you can talk to. But it's very different when someone has some kind of mental health issue that is causing them problems, and how to deal with that.*

(Manager 16, Consultancy, 4 employees)

Some managers expressed uncertainty about the boundaries of their role, in terms of how far they became involved with employees' personal circumstances, and whether it was appropriate to advise or recommend a course of action to employees regarding their mental health difficulties:

*You think to yourself, well perhaps I could have done better, but I don't know what that might have looked like, without getting proper training, or counselling training, which I don't know if it's appropriate for a role like mine.*

(Manager 2, Healthcare, 20 employees)

*It is hard because obviously I've got limited impact, I'm not a medical expert, but because we're close to these people, we do genuinely care about them. And it can be hard to hear that they are going through these struggles, and all we can do really is urge them to seek help ... It is hard from a workplace perspective, because there is a line and there is only so much we can ever do, and because you get so invested in these people, it hurts a little bit as well when they are upset. But, you know, there's a line and you can't really cross that.*

(Manager 15, Construction, 54 employees)

As will be discussed further in Section 11, these tensions could be exacerbated by the close social relationships that existed in some small and micro firms, where managers felt a conflict between wanting to offer support on a personal level whilst also needing to keep the needs of the wider business in balance:

*I think, daft as it sounds, you're better in some ways not to be as close to the person. Because when you're quite small, your staff end up- they feel like sort of part of extended family, and then you don't always look at stuff as professionally as you might do.*

(Manager 19, Equestrian, 10 employees)

For one manager, undertaking Mental Health First Aid training had been useful in clarifying the boundaries of her role in supporting employees:

*Whilst we say we're not professionals and we've not got the medical background, we know we have got experience and we can point them in the right direction. And that's what I feel my role is here as manager - to help staff identify any challenges that they're facing in their work or their personal life, and very much encourage them to talk to us if they so wish, but then for us to try and signpost them to the right organisation where they can get help.*

(Manager 11, Law, 50 employees)

Three managers reflected on how offering support to an employee left them feeling 'vulnerable' or 'exposed' particularly where the personal and the professional began to blur (see also Section 10.1):

*The place that I felt most exposed was when you start realising that this is a bigger problem than a work problem. So you can solve work problems, that's fine, but on a personal problem with multifaceted- on a multiple cause type of thing, then where do you go from here? How do you help your employee? How do you help your friend? Because in small businesses, the people that work for you tend to get close to that ... How do you protect yourself from doing something completely insane and actually putting yourself and your business in danger because you're trying to do something right but you're actually doing something wrong?*

(Manager 16, Consultancy, 4 employees)

*Probably offering the support to the person and laying myself slightly more exposed, has been the thing that's been difficult.*

(Manager 12, Community development, 21 employees)

*In this job, you have an awful lot of scope, and an awful lot of wiggle room, which is nice on one level, but leaves you slightly more vulnerable, I think, in many ways.*

(Manager 2, Healthcare, 20 employees).

Later sections of this report explore in more detail the situations and circumstances in which managers felt they were challenged, uncertain or conflicted in how to approach the management and support of employees with mental health difficulties.

## 3. Approaches to supporting mental health in the workplace

### 3.1 Engagement with the workplace mental health agenda

In this section, we describe the range of activities that businesses were undertaking around employee mental health.

#### 3.1.1 Accreditation schemes

Two-thirds of the businesses were signed up to the Mindful Employer [Charter for Employers Positive about Mental Health](#) and around a quarter had taken part in local workplace wellbeing accreditation schemes. One manager had signed the [Time to Change Employer Pledge](#).

#### 3.1.2 Mental health policies

The extent of formal policies around mental health in the workplace varied. A small number of firms had developed a specific and discrete mental health policy for the organisation, whilst a similarly small number had no statement or policy in place that covered the organisation's approach to employee mental health. More common was a middle ground, where mental health and wellbeing was embedded in one or more broader health, safety and HR policies. Notable were a number of managers who described their approaches to mental health as being relatively informal and encompassed within the general ethos of the organisation.

One manager described how becoming a signatory to the Mindful Employer Charter and Time to Change Pledge had served as a framework around which to embed mental health both within other workplace policies and in their overall organisational approach:

*We don't have a formal mental health policy. We use the action plan that we have through Mindful Employer, and so what we do is look at how mental health is supported within other - I mean, we're a small organisation - within the policies that we do have... Last year, we signed the Time to Change employer's pledge, so we have an action plan around stigma and discrimination around that as well. I suppose you'd call it an approach rather than a policy, so we look at our approach to mental health within our policy and our practices.*

(Manager 20, Community development, 12 employees)

Another manager, also signed up to the Mindful Employer Charter, described mixed feelings about the utility of implementing a more formalised mental health policy:

*Sometimes I think if you go down the route of formalising it too much, it almost becomes institutionalised a little bit, where, 'Oh, there's a policy for that,' or, 'There's a procedure for that.' And I think, for me, mental health's such a personal unique thing, you're never going to put anything in place that encapsulates everything ... I've looked at it and I've kind of batted about drafts with different things, and I've never quite got the structure that I feel comfortable with.*

(Manager 4, Manufacturing/sales, 49 employees)

### 3.1.3 Counselling provision

Around half of the businesses offered employees access to counselling or psychotherapy. Usually this was via an Employee Assistance Programme (EAP) but in some cases was through a private healthcare insurance package or, in one instance, an in-house counselling service (that also provided support to clients of the organisation). A few organisations, all in the charitable sector, had looked into an EAP or health insurance provision, but found it to be prohibitively expensive. Some firms who had recently subscribed to the Mindful Employer Plus telephone support service highlighted that this was affordable and good value.

### 3.1.4 Mental health awareness training

Just under half of firms had engaged in mental health awareness training. In some cases, a select number of managers had undertaken training, whilst in other cases, training had been rolled out across the whole workforce. [Mental Health First Aid](#) was mentioned most often, but also, [ASIST](#) (Applied Suicide Intervention Skills Training), locally delivered accredited courses, and training developed internally where the manager themselves had professional qualifications in mental health support.

### 3.1.5 Information resources for employees

A few firms had assembled collections of hardcopy resources for staff to browse and borrow and/or regularly circulated various information and resources to staff via email bulletins or the staff intranet. One manager noted that the location of their lending library was somewhat problematic, as there was little privacy for staff wishing to borrow items discreetly.



## 3.2. Recruitment and retention approaches

This research did not set out to investigate managers' general attitudes towards hiring people with mental health problems. However, some managers spontaneously noted that they would not let knowledge of mental health issues (past or present) affect their recruitment decisions, stressing that applicants would be selected according to their fit to the role and their future potential:

*If they meet all the criteria, I would still like to think that I would invite them to interview. I mean, you know, we may have to have a conversation about it separately, but only if we were keen to give the job to somebody.*

(Manager 2, Healthcare, 20 employees)

For some firms, particularly those working in the mental health support sector, the nature of their business meant they were more likely to attract, and proactively recruit, people with lived experience of mental health problems. This was not only seen as an act against discrimination, but also as a positive enhancement to the skill base within their organisation.

*I think organisations who look at things in a very linear way, in terms of just stats, miss the added value that someone with a disability or mental health diagnosis can bring to an organisation and enhance it. This isn't us being charitable, saying 'Oh, you know, we're doing good by having all these people with mental health needs' and all that. Actually, it makes our organisation better, especially in our line of work, because the softer skills and the mindfulness and the recognition of things that someone without a mental health need might miss in an interview with a client, you know, means that that client gets a better service. So we're not pandering or kind of saying, 'Oh we must have a quota of people'. Actually, it benefits our organisation.*

(Manager 21, Information and Advice, 49 employees)

*We're very keen on employing people that have got something about them ... so we have very interesting and some very colourful people that work for us. But my view, or my assumption, is that they also tend to carry some other things with them, and that's what makes them sometimes a bit more challenging to manage but that's also what makes them so brilliant ... That's the compromise we have to make, because we want interesting people, so we kind of have to absorb that, it's part of what we do.*

(Manager 18, Food production, 50 employees)

Among some managers who had personal lived experience of mental health problems, there was also a desire to support employees, having been in this position themselves:

*I've been quite passionate about trying to make sure that people with mental health issues are included. I have my own mental health issues but I'm able to hold down a full-time job with some considerable responsibility. And so coming from a personal point of view, coming from the background that I do, and the interest in positive mental health and positive experience at work, that's where we come from in terms of how we set policy for recruitment and how we seek to support people that are in our employ really.*

(Manager 10, Healthcare, 20 employees)

Two managers acknowledged that the organisation's emphasis on staff wellbeing (more broadly) was in part driven by the need to recruit and retain staff in a competitive sector:

*It's all part of the bigger picture as well, because we are a small company in a skill-shortage sector, in a very, very competitive market. We need to keep and retain our employees, so treating them well, with respect and integrity, and treating them like adults, is key. Because the minute you don't, they're out the door and they've been headhunted and given a five grand pay rise elsewhere ... So, yes, we care, but also there's a business element as well to what we do; there has to be.*

(Manager 15, Construction, 54 employees)

*I mean, my god, you've got to look after your staff, there's so many people around here that will pinch your staff from you because, you know, there's so many competitors. You have to treat your staff like gold dust really.*

(Manager 9, Healthcare, 32 employees)

However, some managers acknowledged that, if a candidate were to disclose a mental health problem at the recruitment stage, questions about the potential impacts on the business might come into small employers' considerations:

*It's a very difficult thing. I will be quite honest about this, I guess this is a controversial thing perhaps to say. If I was interviewing somebody for a role and they told me that they had mental health issues, or I suspected that there was a history of mental health, in all honesty it would make me think twice about whether or not they were the best candidate, which is a very sad thing to say. But I think it just takes a lot of time for a small team to manage, and I think it actually takes quite a big emotional toll on a small team, either colleagues, or line managers.*

(Manager 5, Consultancy, 30 employees)

*The investment in time and the management of people with a range of conditions and needs is a high-risk strategy for any employer. I mean, it's all fine on paper, and I embrace it, you know, like hell. But I am well aware of why people would be like that. Just the business can't risk it, you know? ... The cost to an employer, especially for people being off, I mean you're paying your own statutory sick pay, so, I mean that's a huge consideration for a small employer.*

(Manager 10, Healthcare, 20 employees)

Two managers in organisations that proactively recruited people with lived experience spoke about the need to be strategic in where these employees were deployed within the firm, to ensure that, overall, the teams were 'robust' enough to withstand any additional needs of the employee:

*Our HR team is effectively one person and me, and so we don't really have the resource to constantly support them ... so there has to be some recognition that we do need to create some stability ... So we would bring individuals in if they did potentially have some challenges, but as long as the teams are robust then it kind of can support that.*

(Manager 18, Food production, 50 employees)

*In terms of the spread of people with mental health needs across the organisation, you need to be able to balance it. So if we had everyone in the contact centre with the types of support needs that [employee] had, then we'd be in trouble really quickly and there's no way we'd fulfil the contract and we would have to be putting in paid backfill staff, and that would sink us ... So when you're looking at recruitment, obviously you can't discriminate because someone declares that they have a mental health need, but you have to then be savvy as to how we're going to introduce them into the organisation.*

(Manager 21, Information and advice, 49 employees)

The above comments highlight a tension for small and micro businesses, between their recognition of their legal obligations - and indeed their desire - to employ, accommodate and support people with experience of mental health problems, and the practical constraints that their more limited resources place upon their ability to do so.

### 3.3 Promoting mental wellbeing

A few managers described how their organisation had invested in a range of activities to support staff health and wellbeing more broadly. These included weekly yoga sessions on site, a fitness festival, and healthy eating promotions. Firms that were running comprehensive health and wellbeing programmes were towards the larger end of the scale, with around 50 employees. More informal approaches to supporting staff wellbeing were also described, for example, away days, socials, Christmas parties, gifts and pampering treats for staff, funded by the business or out of the manager's personal finances. One manager, who had ringfenced business funds for staff wellbeing, emphasised how the commitment of senior leaders was essential to embedding workplace wellbeing in an organisation's practices:

*I think it's that commitment you have to make ... People will always claim poverty of time and poverty of finances in small organisations.*

(Manager 21, Information and advice, 49 employees)

There was a suggestion in a few managers' comments that small and micro firms could have some advantage over larger firms, when it came to introducing wellbeing initiatives, in that the same individual had control over finances and HR strategy. With a shorter a chain of command and less red tape around introducing new processes, some managers were able to quickly bring new initiatives into the workplace:

*Putting people at the centre of what we do, we can do very quickly and easily because we're not a large machine. The large machines out there are finding it much, much harder because trying to get change implemented the way that we do takes years.*

(Manager 15, Construction, 54 employees)

The support offered to employees did not depend on a formal diagnosis of a mental health condition. Rather, their approach was similar whether an employee was experiencing stress due to life circumstances or had a formal clinical diagnosis. This approach was seen as preventive, in that supporting employees at times of stress could prevent later emergence of more serious mental ill health.

### 3.4 Promoting a climate conducive to flexible working

A number of organisations took a proactive approach to maintaining staff wellbeing through offering flexible working arrangements and autonomy over work patterns wherever possible. Managers perceived this as a way of facilitating work-life balance to prevent stress-related and sickness absence.

Notably, a number of managers linked their limited ability to offer higher *financial* rewards to their compensatory efforts to offer flexibility and positive workplace experiences:

*We're a small business so we can't pay as much as larger businesses, but we can be much more flexible.*

(Manager 16, Consultancy, 4 employees)

Some managers spoke about the importance of maintaining a general level of awareness and concern for staff's broader personal circumstances:

*As manager a you've got to be aware of all pressures that all staff have got outside of the workplace and get to know your staff and get to know whether they've got young children, whether they've got elderly parents, whether they've got parents with an illness or a disability, or financial challenges in their life. There's so many different things ... Something I like to do is each morning just walk round the office, and 'Morning, is everybody okay?' and you can tell straight away whether something is not okay.*

(Manager 11, Law, 50 employees)

### 3.5 Cultures of openness around mental health in the workplace

Some firms had proactive approaches to encouraging open discussion of potential mental health support needs at the stage of appointing new staff members. One manager described how the Mindful Employer Plus scheme was a helpful tool in this process. Introducing the scheme to new recruits during the induction process, and framing this with a message about the firm's wider ethos of support around mental wellbeing, provided an opening for employees to raise any issues early in their appointment. In a similar way, another manager would mention the trained Mental Health First Aiders to newly appointed staff:

*We tell staff at induction stage that we've got mental health first aiders and I even talk about it at the interview stage as well. For example, one of the questions I ask at an interview is: if you were stressed or anxious about something inside of work or outside of work, how would we know that, how would we tell? ... It is a question I ask at interview stage and just bring it in to show that we are a caring organisation and we do take mental health seriously.*

(Manager 11, Law, 50 employees)

Some managers felt that their organisation's general culture of openness and communication, including the manager's 'open door' ethos, helped employees to feel able to approach them and disclose when they were having difficulties:

*When I talk to all of my staff, what I was always very proud of in the past was that I knew them as people, I knew their partners' names, I knew their children's names, I knew what they liked doing outside of work and it's harder to do that now because we're, we're so much bigger. But we do try to make that connection with them. And then that kind of allows them to open up to us if need be.*

(Manager 18, Food production, 50 employees)

A manager in a firm that had scaled up their engagement in the mental health at work agenda in recent years described how the senior management team had been surprised at how many people come forward to disclose difficulties, once a more open culture had been established:

*I think to start with, the partners of the firm thought that nobody would come to us and nobody would speak with us and, you know, some people are quite private, aren't they, about challenges and actually admitting to themselves that there is a problem or there is a challenge in their life. But I can't believe the number of people I've spoken to ... I can't believe the number of staff that I've helped through things at work or through things in their personal life.*

(Manager 11, Law, 50 employees)

A couple of managers noted how, although it had become more acceptable to talk about mental health in recent years, this did not necessarily mean that it was any easier to deal with mental health problems in or out of the workplace:

*I think people are more comfortable saying it. You know, the fact that I could say to you now that a quarter of my staff are on sertraline, for example, I mean there's no way that I would have known that [15 years ago] ... That sort of thing, you would never, in the past, have admitted that, never in this world. So I think it's easier to talk about now, but it definitely isn't easier to deal with.*

(Manager 2, Healthcare, 20 Employees)

The study also illuminated some tensions that may arise from a move towards more proactive engagement in and promotion of the workplace mental health agenda. Where workplaces were, or had become, more open to talking about mental health, and staff were encouraged to share their difficulties, managers could sometimes feel overwhelmed by the volume of issues brought to them, or out of their depth in responding to situations that were outside of their remit or expertise. One manager talked about how they had needed to establish some boundaries around what could be addressed during an employee's regular 1-1 meetings with her line manager, keeping the focus on work-related issues and encouraging the employee to approach medical professionals if they needed support directly relating to their mental health. One manager hinted at another possible challenge of greater openness around mental health in the workplace, whereby employees might possibly over-identify with the concept of mental distress, and there could be a sort of 'contagion' effect, whereby offering support to one employee could then lead to escalating levels of perceived need from others:

*It's almost placebo contagion if you like. And I sort of don't go in for that, but you can see how that does happen. So I think sometimes offering support can have a negative impact, you know, on other people - I think if someone's off with depression, say, and someone else is feeling low, I think maybe that support might enable sort of reinforcement of that lowness. And that's only from observation, it's certainly not a fact, but I don't always think that informal communication always is a positive thing, and even though it might be supportive. It's like I say, with the sniffle, if someone came in with a sniffle, someone else suddenly has one, and I think that can be detrimental as well as supportive.*

(Manager 12, Community development, 21 employees)

## 3.6 Drivers of support

### 3.6.1 Organisation values

For many managers their values and those of the small business shaped manager responses. When asked about the values that underpinned their business, the majority of managers espoused very person-focused and compassionate principles. These fundamental ways of working influenced their overall approach to supporting employees with mental health problems:

*The wellbeing of our staff is of most importance to us, because without our staff we've not got a business and it's part of our role to ensure that our staff are okay, or if they're not, that they get the support that they need. Whether that be from us with regard to their caseload or advice on matters that they're dealing with, or whether it be in their personal life, the values of the firm are very much that we support the wellbeing of our team.*

(Manager 11, Law, 50 employees)

*We are ultimately a family business, so when we bring people in, we effectively add them to the family and it is a very caring supportive kind of business ... Definitely one of our key values that we talk about is our not exploiting the staff and making sure we are that supportive kind of community and that kind of stuff.*

(Manager 18, Food production, 50 employees)

The sample included several not-for-profit charities, but even among the private sector firms, some participants emphasised that they were not driven by profit or growth.

*I think it all comes down to being a small team, it is literally just me and my husband trying to build up a business, but we're not some like cut-throat business people that just want to churn out the staff to go and do this job. I really care about the people that work with us and I think that gives the work we do value. And I hope that our staff share that, share those values, and I hope that our staff can see that we actually do really care.*

(Manager 3, Skilled manual, 3 employees)

*It's like a lifestyle business rather than a let's make loads of money. I mean at the moment, to be fair, we are doing really, really well. But we've had times before where we haven't done. But it's the doing the jobs that's the good bit, not the making the money ... The way I look at it, as long as we can earn enough to pay their wages and keep going, cover all our costs, you know, we're not looking to make a fortune.*

(Manager 19, Equestrian, 10 employees)

### 3.6.2 Recruitment and retention

For some managers, drivers for supporting employees with mental health problems also included difficulties in recruiting and retaining staff. Some managers referred to the substantial investment of time and money in training employees that would be lost without efforts to support and retain employees experience mental ill health. The manager of one of the smallest



firms in the sample noted that the efforts made to support the employee experiencing mental health difficulties were driven, in part, by the difficulty in recruiting skilled staff as well as his essentiality to maintaining business function:

*The fact of the matter is, we can't afford, as a small business, for him to be signed off work ... Cost-wise, okay, we don't pay anything other than statutory sick pay, but our projects would grind to a halt, our work would just be ridiculous to manage with one less staff member. So I guess for us it is about retaining him in the workplace and doing whatever we can to help him and sort of move him forward ... It's important that he knows he's supported by us, primarily to stay within the workplace because we need him ... We wouldn't manage on less staff, so whatever we can do - I know that sounds really selfish - like whatever we can do to keep him in the workplace, that is done for him.*

(Manager 3, Skilled manual, 3 employees)

### 3.6.3 Legal obligations

Although most managers had an awareness of the legal context surrounding support for employees with mental health conditions and other disabilities, there was a general sense that their legal obligations as employers were not the primary driver around the support they put in place. This meant that they sometimes went above and beyond their legal duties:

*I knew what we had to do in terms of supporting someone [but] I was more concerned about the people rather than the actual formality ... So I was kind of vaguely aware, but I was always determined to do the right - or what I felt was the right thing for her - even though I think that was probably more than what we were supposed to do, had we just been purely just on the legal side.*

(Manager 16, Consultancy, 4 employees)

*The legal structures are always there in the back of my mind anyway, but not from a threat point of view, but a supportive structure point of view, if that makes sense? So I'm not worried, 'Oh I must do this because if I don't then, you know, I could get clobbered by legislation', it's never been like that. It's much more of a: these things are in place and we have these in place, to work as they should do.*

(Manager 20, Community development, 12 employees)

A couple of managers reflected on how their instinctive ways of working meant that they quite naturally operated in a way that was supportive of mental wellbeing, regardless of the legislative context:

*It's interesting you say the legal element of it, because I think looking into that, and you think, you know, are we doing what we should be doing? And as a small company it's quite interesting, because you go through it: 'Well, we are doing that, and we are doing that and we are fulfilling that'..., just by having the right foundation and culture in place.*

(Manager 4, Manufacturing/sales, 49 employees)

Overall, there was a sense that, at least in their initial and overarching approaches to supporting the mental wellbeing of employees, managers were acting out of compassion,



common sense, wanting to help and support the individual, rather than driven by concerns about fulfilling their duties under the Equality Act. The legal context seemed a concern only if an employee's workplace performance or conduct became increasingly problematic.

The relative absence of reference to the formal disability discrimination legislation in these interviews also fits with the finding that the majority of managers' experiences were of employees with common or emergent mental health problems, rather than a psychological 'disability' disclosed within that legislative and conceptual framework.

### 3.7 Proactive vs. reactive approaches to employee mental health

Due to the way the study sample was recruited (with the assistance of workplace mental health support providers), it was to be expected that many of the businesses were already relatively engaged in the workplace mental health agenda. Around half the sample was recruited via Mindful Employer and some firms were themselves providers of mental health and wellbeing support to communities the general public. However, there were also a number of businesses that did not have any particular prior association or investment in the mental health arena.

There was a broad distinction between firms that had proactively and preemptively engaged with a workplace mental health agenda prior to the employee cases described, and firms that had not undertaken any activity around workplace mental health until faced with an employee situation. In a number of the latter cases, recent experiences of supporting employees with mental health problems had been a catalyst for greater engagement in workplace mental health support. For example, some firms had been prompted to sign up to an Employee Assistance Programme in response to a particular employee's needs:

*We've recently joined the Mindful Employer scheme purely, really as a support system for both us and our staff member. You know, being a small business we've not really had to deal with anything like this before, and we just wanted to make sure that if things were to change, that we had that support mechanism in place.*

(Manager 3, Skilled manual, 3 employees)

Others had stepped up their activities in light of more general growing awareness of the prevalence of mental health difficulties among their workforce. Describing a conversation with a company director, one manager recounted:

*I got upset and said, you know, what are we gonna do about this, because our people are suffering and I don't want this ... They're telling me about this on a fairly significant level, significant numbers, as a percentage of staff. So what can we do to do something about this, because we need to be protecting our employees. We need to look after them as best we can.*

(Manager 15, Construction, 54 employees)

In light of their experiences, some managers were conscious that they wanted to do more around employee mental wellbeing, and were in the process of investigating options and resources. However, while several managers found that their first encounters with employee mental health problems had triggered a more long-term engagement in workplace wellbeing, one micro-business manager acknowledged that, once the specific employee incident had resolved, their attention had returned to other pressing issues and a focus on mental health in the workplace had not been sustained. This highlights how, in the smallest and most time poor firms, managers may find it challenging to maintain a long-term proactive engagement in workplace mental health alongside other business critical activities.

## 4. Disclosure of mental health problems

### 4.1 Pathways of employee disclosure

Amongst the experiences recounted by managers, it was relatively uncommon for employees to have disclosed a mental health problem at the time of appointment. Among those few who did, one was recruited via a vocational rehabilitation scheme where applicants' mental health history was known, and others tended to be employed within charitable organisations who had wellbeing broadly within their remit. A lack of disclosure upon appointment does not necessarily imply concealment by the employee. Rather, it may be that the employee has not yet, at that point, had any experience of mental distress, or that at the time of appointment, any previous mental health experiences were not currently affecting them and did not seem relevant to mention. In a small number of cases, the employee had approached their manager early on their employment, to explain that they were experiencing ongoing mental health difficulties.

Some cases related to a specific traumatic event that had occurred in the employee's life (examples included relationship breakdown, domestic assault, and suicide of a close friend or relative) and the employee disclosed this to their manager at the time of occurrence.

In other cases, disclosure of mental health difficulties had come about gradually and indirectly, through managers' awareness of changes in an existing employee's performance, behaviour or presentation in the workplace:

*When she first started with us, she was very, very extroverted, very much involved in the team, very engaged in the workplace, and then we slowly started to notice a, kind of, more introversion ... interactions at tea breaks, interactions at lunchtimes, and where normally the behaviour would be different. And again we were very aware of eating patterns and they kind of changed, and just there's lots of little tiny things that probably added up to a bigger picture, where we started to think, oh, hang on, something's not quite right here.*

(Manager 4, Manufacturing/sales, 49 employees)

*She was coming in and seeming less and less engaged, and tired, and just didn't quite appear- nothing extreme, but didn't just appear to be quite looking after herself as well, and just her attitude and her tone was becoming more negative, in terms of the way she was speaking about herself particularly. I started to feel that there were some warning signs there.*

(Manager 6, Consultancy, 6 employees)

Where employees worked remotely and were rarely in face-to-face contact with managers, it could be more difficult for managers to become aware of any emergent difficulties.

When managers attempted to engage employees in a conversation about their mental wellbeing, it could sometimes require an incremental process of several tentative or informal enquiries, with gentle persistence, before the employee opened up. Managers talked about how it was necessary to build trust, which also involved the employee feeling assured they would not be penalised for their feelings or behaviours:

*Just that trickle feed and that constant, kind of, open conversations ... We have a very coaching/mentoring culture here, so it was almost like we know there's something, and we just need to coach it through to get to that moment where either she feels comfortable, or it literally has come to an absolute head, where she can't cope with this anymore, whatever that is. To try and put the foundation blocks in place and make sure that she was aware that this was a safe environment, and it was okay to talk about it. So it's about building that foundation and safety net.*

(Manager 4, Manufacturing/sales, 49 employees)

Another pathway of disclosure was via a third party, typically a co-worker or a line manager:

*Our office is really small, but we're split into a number of rooms, and the lady that was working with her at the time came and said to me, 'Look, I don't want to speak out of place, but there's quite a big problem here. The person who is presenting to you is very much a face, and she will sort of fall apart to me, when you're kind of not in the room.' And she'd got to the point where she could be in floods of tears and then, I mean, literally, I could walk in and she'd turn away and look back and you would not know.*

(Manager 16, Consultancy, 4 employees)

Managers had sometimes gathered a partial awareness of employee's difficulties through observations and the employee's sharing of selected information, but had not until later developed a full understanding of the extent or nature of the employee's mental health issues. As noted in Section 2, there were also several cases of emergent mental health issues, where cumulative stresses and strains in people's work and/or personal life developed, over time, into a more formally recognised mental health problem. Initially, some employees had attributed occasional absences from work to minor physical health complaints, but with hindsight, managers had become aware that these were a cover story for emergent mental health issues:

*[She] went through a series of issues which weren't presented as mental health problems primarily, but that culminated, I suppose, in a mental health diagnosis, and I think, with hindsight, were very much interlinked, or evidence of issues arising for that person ... And that was over the space of about a year, probably, in total, but the formal introduction of mental health as an issue into that process probably only happened three or four months before she was dismissed.*

(Manager 6, Consultancy, 6 employees).

Sometimes a manager's first awareness was of performance issues or drops in productivity; where managers approached employees to discuss these performance issues an employees' response could be defensive (see Section 8). Here managers could struggle to balance support and performance (see Section 11).

## 4.2 Sharing information with co-workers

Some managers recognised that, in very small workplaces, any mental health difficulties being experienced by one employee could be easily apparent to others around them:

*In some ways I think it's very tricky, because we've got a small team and everybody's fairly close, it's quite public. When somebody's having mental health issues it's quite public, they talk about it quite a lot amongst themselves.*

(Manager 5, Consultancy, 30 employees)

*One of the things that is probably quite different for a small organisation is that everyone was drawn in and it's so obvious. I mean, we all work in one room as well so you've got members of staff you can't talk to, and particularly when it's mental health issues, you need to be very careful about how you speak to other members of staff. But then also, that person's not turning up so it's very clear that something's going on. And they're saying, 'Where are they?' and 'They've not told me where they are', it doesn't take much to work out what's going on.*

(Manager 6, Consultancy, 6 employees)

Sharing information with co-workers was not necessarily felt to be problematic, where workplace relationships were such that the employee was comfortable for their experiences to be known and co-workers were seen to be supportive. One manager within a charitable organisation felt it important that close colleagues were aware of a teammate's mental health needs:

*Sharing with her colleagues is important because then that means that her colleagues can just provide some additional support, just on an informal basis, like making her a cup of tea or something; or checking in with her if she's looking a bit, you know, wobbly.*

(Manager 21, Information and advice, 49 employees)

One manager described how a previous challenging experience had led her to be more open with an employee's co-workers in a more recent case, which had been helpful in engendering the support and understanding of the wider team:

*I think I was more aware of the impact on her colleagues actually. I think that was something that I worked quite hard at with them, to kind of assure them, without discussing her personal information, that it was something I was aware of and I was dealing with it and I thanked them for their patience, and asked them to identify for me if there was anything that that was causing a problem for them.*

(Manager 13, Community development, 9 employees)

However, some managers found it could be difficult to strike a balance between discretion and appropriate levels of explanation to co-workers:

*The general atmosphere in the office and the tone in the office became more difficult, more uncomfortable just by the elephant in the room essentially. And though, actually, she did speak pretty openly most of the time, about her diagnosis and things, it was obviously still not appropriate for me to give sometimes the explanations that maybe would have been useful, in the context of some of the things that were happening.*

(Manager 6, Consultancy, 6 employees)

As discussed in Section 5.2, there was potential for resentment where co-workers did not understand why a particular member of staff was granted special dispensations.

## 5. Adjustments and support

In this section, we describe the range of adjustments and supports that managers had offered to employees who were experiencing mental health difficulties, followed by a brief discussion of co-worker perspectives and the feasibility of adjustments. These latter issues are considered in more detail in later sections of the report.

Establishing an effective set of adjustments and supports was sometimes a process of trial and error, with ongoing review and revision. For example, one employee had begun by working from home one day per week, which had led to significant improvements in overall attendance, and had then moved to working a compressed week (five days over four), so as to achieve a better work-life balance. As the manager described:

*It's been quite a process of exploring, I suppose, just to find out what works for her and for the business ... She's one- she is absolutely the best worker in the organisation now. She's incredibly productive ... It feels like we've reached a balance that works for us and for her so I think it's a good outcome.*

(Manager 13, Community development, 9 employees)

As noted in other sections the responsibility for managing mental health problems usually reside with one person or a small team within small and micro businesses. This can impact managers, particularly in micro businesses, in terms of increased workload, time managing the situation and emotional demand (see Section 10.1) and also create challenges in deciding the appropriate response. Having different perspectives involved in managing a situation was thought helpful, in that it could help to keep in focus the balancing of differing needs. However, there were also instances where tensions had arisen, where managers at different levels had held differing views on whether adjustments were reasonable.

### 5.1 Types of adjustment and support offered

We have not quantified the frequency with which each form of support was mentioned, but overall, it can be noted that support meetings (of varying degrees of formality), flexibility in hours and reduced workload/amended duties were the most common adjustments described.

#### 5.1.1 Supportive meetings

A majority of managers mentioned supportive meetings, typically on a 1-1 basis, as one of the key elements of support offered to employees going through mental health difficulties. These meetings took on varying degrees of formality, and could shift over time in the extent to which they were focused on performance management, emotional support or a light-touch 'check in' on how the employee was doing:

*I continue to have a fortnightly appointment in my calendar for me and them to sit down and just have a quick catch-up to see how their mental health is, just to keep tabs really. And they can talk to me at any time, but it's just so that we've got that time in the diary to sit down every fortnight to just have a quick sort of check-in to see how they're doing, if there's any issues that are coming up.*

(Manager 5, Consultancy, 30 employees)

Depending on the specifics of the employee case, meetings sometimes moved from the formal to the more informal, as mental health improved and structured support became less necessary. In contrast, where cases remained challenging or became more so over time, meetings could become more formalised with an increasing focus on performance management.

One manager described how it had been necessary to establish some boundaries around the type of issues and concerns that were appropriate for the employee to bring to 1-1 meetings with their line manager. The employee had been advised by her mental health professional that she should talk openly about her difficulties. However, when she brought direct mental health concerns into workplace support meetings, her line manager felt unequipped to respond, and so the employee was asked to keep the subject matter of these meetings more work-focused.

### 5.1.2 Support plans

A few managers had drawn up support plans in collaboration with the employee (sometimes referred to as Wellness Recovery Action Plans (WRAPs)). These plans contained information about the employee's mental health issues, how they manifested, situations that could trigger or exacerbate difficulties, what the employee found helpful during times of poorer mental health and how they would like their manager and others in the workplace to respond:

*We talked about what a good day looked like and what would trigger a bad day, what kind of things would be going on, and when she would find it difficult to be at her best at work. And I asked her to put her own personal plan together about how she wants us to support her when she's not feeling great.*

(Manager 1, Social Care, 30 employees)

Support planning could also involve an element of work planning, in terms of the employee sharing their forward work plan and upcoming commitments with their manager, so that support and staffing contingencies could be put in place in case of any difficulties arising.

### 5.1.3 Adjustments to hours and duties

Several firms had offered employees with mental health problems a reduction in hours, including during phased returns from sickness absence. Ongoing flexibility in working hours was also common, and seen as an effective way of supporting employees to balance work alongside fluctuating mental health needs. Where organisations offered flexible working hours as standard practice, adjustments around mental health needs were sometimes accommodated under these general policies.



Some managers had offered the option of reducing or amending the employee's duties during periods of poor mental health:

*We would prefer her to come to work and restrict some of her duties, than her go off sick and not do anything at all, because obviously not only does that have an impact on the business, but she's away from work, she's isolated, she becomes more anxious for when she returns because she doesn't know what she's coming back to. So we also kind of amend her tasks so if there's certain interfacing roles that she feels she can't do for a few days or a week, then that's fine. We kind of give her back office stuff to do.*

(Manager 21, Information and advice, 49 employees)

Modified hours and/or duties on a periodic basis as required could work well in the interests of both the employee and the organisation. However, as we discuss in later sections (Section 10), whilst these adjustments could be beneficial, there were sometimes knock-on effects for the workload of managers and co-workers, which needed to be held in balance. Moreover, presenteeism could be problematic where managers felt employees in work had a negative impact on the business and coworkers (see Section 7.3).

Notably, there were no cases where an employee had been redeployed to an entirely different role within the organisation. This might reflect the structures (or lack of structures) of small and micro firms, where there are fewer opportunities (relative to larger organisations) to move an employee into a different function or division of the business.

### 5.1.4 Working from home

Some firms had offered employees the option to work from home, where this was compatible with their role. In some cases, home working was an option available to staff more generally, and so could be accommodated within normal working practices. In one case, however, the employee had wanted to work from home for a greater proportion of the week than the manager felt was feasible. This had been a difficult situation to manage, and one in which the employee had eventually resigned.

### 5.1.5 Flexible approaches to long and short term sick leave

In some cases, employees had been granted periods of paid leave outside of standard sickness absence policies. This was sometimes referred to as 'compassionate leave' and was not recorded as sickness absence. One business had offered a 3-month unpaid sabbatical to an employee who was dealing with a traumatic family situation. Alluding to small and micro businesses' greater scope for flexibility and informality, but also the limits to this, one manager described an employee's paid compassionate leave as follows:

*I mean, we're a small business; we can call it what we like! We paid her, and we just said we wanted her to understand that it's much more important to us that she gets better, than anything else. Now, obviously, if it had gone on for months, or a long time, we'd have had to figure out what we do there, but we felt that there was just no point in adding any other pressure, so we just said, 'Take whatever time you need, and when you're ready you can come back.'...I think we referred to it as compassionate leave internally. It was more, 'Just take the time that you need'.*

(Manager 16, Consultancy, 4 employees)

In some cases, a more informal approach was taken to sick leave, with the employee not required to produce a doctor's note certifying their absence and their need for a short period away from the workplace being taken on trust:

*We're also very aware that she may just phone in and say, 'I'm not feeling it so I'm going to work from home', or, 'I'm going to have the morning off'. And we don't question it, we just- yeah, that's it's, kind of fine ... it's obviously quite a delicate area so we kind of give her some flexibility there.*

(Manager 18, Food production, 50 employees)

Some managers talked about how they kept in touch with employees during periods of sick leave, including regular telephone calls and sometimes home visits.

### 5.1.6 Counselling, therapy and time off for appointments

Around half of the organisations were able to provide access to counselling or psychotherapeutic services. In several cases this was via an Employee Assistance Programme (EAP) or health insurance package, and in others the firm had offered to fund private counselling/therapy on an individual basis. One charitable organisation had an in-house counselling service that was available to clients and employees, and a medical practice had been able to offer the employee an appointment with one of their own GPs. Notably, where firms had been able to offer access to counselling or therapy, not all employees had chosen to take this up. There were also instances where a manager had signposted an employee to free counselling from a provider within the charitable sector. According to the specifics of certain cases, some managers had also signposted employees to outside sources of guidance and support, for example, legal advisors or women's refuges.

Employees accessing therapeutic treatment, whether funded by the employer or not, were typically permitted to take time off during their working day to do so, though one firm had more recently begun asking employees to use flexitime to accommodate medical appointments.

### 5.1.7 Coaching and confidence building

Some of the support described by managers resembled a coaching or mentoring approach, which was related in part to the employee's experience of anxiety or depression and also more broadly aimed at helping them to become more confident in their role:

*There are occasions where we definitely have to kind of coach him through the day and the week, setting sort of like small targets, to kind of get him through.*

(Manager 3, Skilled manual, 3 employees)

*I'd been spending a lot of time with her on confidence and assertiveness ... I was being as gentle and as encouraging as I can be, showing her her own capabilities. Because she still is an incredibly capable woman, who has so much potential, but obviously she's been held back from it through various things that are happening. So I was trying to work with her on that, and help her build up her confidence.*

(Manager 16, Consultancy, 4 employees)

One firm offered professional coaching to staff who were experiencing stress in their work and/or personal lives. This provision had originally been put in place to support senior managers, but had latterly been used with positive effect for some staff members at times of mental health related difficulties.

### 5.1.8 Purchase of self-help materials

A few managers had offered to source and pay for self-help resources for employees, and one had allowed time during the working day for the employee to work through these materials:

*Between me and him, we've kind of looked at cognitive behavioural therapies, we've got him some workbooks that he works through on a daily basis as part of his 8.00-5.00 job. He'll take sort of 20 minutes a day just to go through some of these exercises.*

(Manager 3, Skilled manual, 3 employees)

As mentioned in Section 3.1.5, some firms also provided signposting to mental health and wellbeing resources through e-bulletins, intranets or hardcopy materials in staff rooms.

### 5.1.9 Financial support for personal crises

In two cases, where employees had been the victim of domestic violence, managers had facilitated loans or grants from company finances, and/or had provided material goods to support the employee in relocating their home and family:

*I know I'm not supposed to do this, the accountant goes mad if I do things like this, but I lent her some money, through the business ... just so she could get her car back on the road and all. I lent her £500, she's paying it back at £10 a week and she had no one else to turn to ... So she's good as gold and I stop it out of her wages every week, you know, until it will be paid, it will take a year, but it doesn't matter.*

(Manager 9, Healthcare, 32 employees)

### 5.1.10 Liaison with third parties

As we note in Section 6.3, some managers had had communication with healthcare professionals, either via a GP's letter, occupational health report or in direct liaison with an employee's mental health care professional.

There were also a few cases where managers had been in contact with the employee's family, either the parent of a younger employee (typically an apprentice or trainee) or their partner. Contact with family was with the employee's consent and in most cases was perceived to be helpful in understanding and coordinating support:

*Her partner was also involved in discussions with us. So, again, we had that open dialogue where if the partner had any worries, she would contact and kind of give us, not a heads-up, but- ... [Employee] was very aware of that. She was very receptive to, you know, 'It's great if you can all communicate, because you can see it, my partner can see it, and I might not see it. So, if everybody else is, kind of, looking out for me', then it almost took the pressure off her, a little bit.*

(Manager 4, Manufacturing/sales, 49 employees)

*We spoke to her mum and sort of asked her for heads up and ideas of how, you know, even though she was classed as an adult, her mum was quite happy to sort of give some input to see if there was anything that we could do differently to help her and stuff.*

(Manager 19, Equestrian, 10 employees)

In one case, however, the employee had been angry that her parent had been contacted, when the manager had been concerned about her whereabouts during the working day.

### 5.1.11 Monitoring, vigilance and proactive support

A number of manager actions related to monitoring or vigilance. Where an employee was known to have ongoing fluctuations in mental health, managers talked about how they kept an eye out for any changes in behaviour or presentation and would initiate gentle enquiries or suggest to employees that they have a break from their work or take time off if they seemed to be struggling with their mental health:

*Her manager then just keeps a general eye on her, because, you know, you can tell by people's disposition and, for someone like [employee], who's very larger than life, it's very obvious then when she's not, and you might notice some cuts on her arms. You know, so it's just like okay, those look fresh, you know, so it's a discreet kind of conversation, 'Is everything okay?'.*

(Manager 21, Information and advice, 49 employees)

As well as encouraging employees to take time off when they appeared to be struggling with their mental health, some managers noted that they encouraged employees (with and without known mental health difficulties) to take regular annual leave rather than long periods without a proper break from work.

In a few cases, there had been intensive levels of managerial input to assist the employee with attendance, punctuality and readiness for work. One manager had telephoned an employee on a daily basis, to support them with accountability for getting to work on time. Another manager described how she would ring the employee if she did not turn up for work, to find out where she was and how she was, and on occasions would help the employee with personal grooming on arrival at the workplace, so as to be appropriately presented for her client-facing role.

## 5.2 Co-worker perspectives

In some cases, adjustments made in light of mental health problems were not apparent to co-workers, either because the employee in question worked remotely, because all staff worked variable shift patterns, or because the adjustments being used fell within the normal flexible working provisions that were available to any member of staff.

However, where accommodations were more visible, but managers were unable to share details of an employee's mental health circumstances, there could be resentment amongst co-workers if they did not understand why a member of staff was granted special dispensations around flexible hours or home working:

*We can't divulge anything like that and it needs to be very confidential. I think they see somebody being treated differently and it can cause a little bit of tension sometimes... It's quite difficult for some members of the team to work from home. Just because of the nature of what we do, we kind of need to be in the office quite a bit. So I think that me affording her that time to go and work from home - I think that sometimes causes a bit of tension.*

(Manager 1, Social Care, 30 employees)

Speaking about a case of an employee who walked out of the workplace one day, and never returned, yet could not be dismissed for several months due to the mental health context, one manager recalled:

*It then hacked off everyone else, because they didn't see what was going on, so as far as they were concerned, 'Oh, he's just let them bloody get away with it', sort of thing, you know, 'He wouldn't do that if we were off sick'.*

(Manager 2, Healthcare, 20 employees)

In a situation that had had a positive outcome, one manager described how an employee's co-workers had approached her (the manager) with concerns about the unpredictable attendance of their colleague. Whilst this had been challenging in the first instance, the manager had been able to address this through agreement with the employee that she would keep her team colleagues better informed of her work pattern.

## 5.3 The feasibility of adjustments and support for small businesses

Whilst all managers had been able to make some adjustments for employees where required, their reflections indicate that, for small and micro businesses, there are limits both to what could be offered and to how sustainable adjustments are over the longer-term. As will be discussed further in Section 11, managers of small and micro businesses needed to balance support for the employee with the wider needs of the organisation, including co-workers and overall business function:

*There would be some scenarios that we would find it very difficult to be as flexible, because we just don't have the resources. And that's why I try to explain to people, look, whilst we are [supportive], you know, we are very small and we do what we can but do be aware that there will be limitations to what we can do.*

(Manager 10, Healthcare, 20 employees)

There was some evidence to suggest that the feasibility and sustainability of adjustments might be assessed in relation to the role and productivity of the employee concerned:

*She's the most productive person I've got ... Even taking into account her absence, she still turns over more work and better-quality work than anyone else in the team. I would be cutting off my nose if I thought about getting rid. As long as we can work our way round what she needs to, that doesn't impact the work with the organisation.*

(Manager 13, Community development, 9 employees)

When managers discussed different employee cases, reference would often be made to the retention of skilled and hard to recruit employees which was often challenging for these small firms. For employee cases where the business had made a significant investment, managers seemed motivated to make adjustments to retain the employee and because recruitment would be problematic (see also Section 3.6.2).

## 6. Sources of information and guidance

A number of managers had professional expertise in mental health, and some organisations had mental health support as part of their core business remit. Hence, there were some businesses who were relatively well linked in to information and resources on mental wellbeing and workplace support.

However, many organisations did not have any specific remit or professional expertise around mental health, and until faced with an employee experiencing mental health problems, this was not something they had previously given much consideration. The aspects of information and guidance that managers sought fell into two separate but connected areas:

- (i) understanding mental health problems/conditions and effective ways to support employees in the workplace
- (ii) how to navigate mental health related performance issues within the framework of employment rights legislation.

Employers reported gaining these two types of information via a variety of channels including: online sources, external HR consultants, occupational health assessments and GP letters, and other sources.

### 6.1 Online sources

When faced with mental health difficulties among employees for the first time, some managers' initial response was to turn to the internet for information and guidance about mental health conditions, legal duties and effective support:

*I literally just kind of Googled, you know, 'support for small businesses mental health problems', because it just became quite apparent that it was something that was maybe escalating with him and I just wanted to make sure that we were on the right kind of pages, offering the support that he needed really and keeping him in the workplace. So yeah, that, we just Googled it.*

(Manager 3, Skilled manual, 3 employees)

Managers' views were mixed as to usefulness and relevance of the information they had found online. Some had found helpful guidance on understanding particular mental health conditions, on how to open up and structure a conversation with employees, or on the legal position around performance management. Websites mentioned as useful included Mind, Mindful Employer and ACAS. Where managers had undertaken Mental Health First Aid (MHFA) training, the information and skills gained on the course, and the resources that were made available to organisations via the MHFA website were also described as useful.



*I think the things I found particularly helpful were the things I read about, as a manager, you engage with- and particularly what is appropriate, how to try and draw professional lines, how to try and speak to someone informally, and I definitely drew a lot on that.*

(Manager 6, Consultancy, 6 employees)

Managers emphasised that practical and specific guidance on how to approach situations was more useful than broad, generic guidelines:

*[There was] nothing that was coherently useful ... There wasn't any one particular resource that I thought wow, yes, that's got everything, or even that's got 50 per cent. There was lots of legal advice, there was lots of kind of HR type advice, 'This is the right thing to do legally, and employment-wise these are your obligations', etc, but there was nothing broader, nothing that made me think, 'Yeah, okay, that's good, I'll follow that', other than being a decent human being.*

(Manager 16, Consultancy, 4 employees)

One manager noted that, while she had been able to locate much information aimed at employees, she had found it harder to find guidance for managers, and what she had come across was more focused on performance management than support:

*There wasn't really much about if you were an employer and you're worried about your staff's mental health. Or it was a lot of, you know, 'Oh, if your staff member's been off for weeks on end and you now need to get rid of them what do you', and that wasn't really what I was looking for either. I kind of needed support on how to keep my staff member in the workplace whilst they're unwell, and that information seemed really, really limited.*

(Manager 3, Skilled manual, 3 employees)

Varied perceptions of the availability and usefulness of guidance, seemed to reflect differing levels of awareness of and connection to the sources of information that are available. In terms of volume alone, in recent years, there has been a proliferation of guidance produced on managing mental health in the workplace. The extent to which managers within small and micro businesses were aware of these resources seems linked to the nature of their business operation and also their personal interest and individual capacity to engage in this agenda. Some managers had been surprised at the amount of information available online, once they began to search around. However, the volume of resources could seem overwhelming to managers entering this arena for the first time, and it could be difficult to judge the quality of information sources:

*I'm not saying all the information isn't available out there, but then also you end up bouncing around and you have so many charlatans around, and you don't know whether or not you're reading something sensible or completely crazy.*

(Manager 16, Consultancy, 4 employees)



One manager highlighted that existing guidance tends to assume an organisational structure more familiar to large organisations, with many different and discrete specialist roles, and more formal hierarchies:

*A lot of the advice just assumes that there are a series of people that do different things, whereas in a small business, there's usually one of you or there's a small team of you ... When you're in a small business you don't have the rigour and the rules in quite the same way as a larger organisation, and the controls to some extent. I felt quite often I'd come up against a bit of a brick wall.*

(Manager 6, Consultancy, 6 employees)

This same manager also commented on how the guidance she had read seemed to be aimed at an employment relationship where the employees had relatively little control over their work routines. This was not the case in her own organisation, where she was managing professional consultants who were able to exercise a lot of autonomy, which added to the complexity of balancing support and performance:

*In a lot of the guidance, it seems that everyone's at a widget factory or on a sales floor, you know, kind of clocking in and clocking off. And actually, when you're dealing with professionals that have a lot of autonomy, are expected and required to operate at quite a high level and with a lot of their own sort of mobility, some of those things are easy, some are harder, but it's quite different ... in my profession, it's not appropriate to just suddenly be treating people like children, which is what some of the guidance is.*

(Manager 6, Consultancy, 6 employees)

## 6.2 External HR consultants

Several firms used the services of an external HR consultant. These services were generally described as useful for navigating issues around employment legislation and employee mental health. They could be an affordable way of accessing specialist expertise for firms with limited financial resources. However, purchasing the services of an external HR consultant could seem prohibitively expensive for some small and micro businesses, which left them without easy access to important expertise when managing employee mental health issues. In this regard, one organisation had found the Mindful Employer Plus service to be helpful, as an affordable source of information and guidance:

*If I'm being honest, I literally have no idea what our legal obligations are, which is a big part of why we signed up to be a Mindful Employer because they seem to have really good support for us from an HR perspective. And I think it is one of those things as a small business, you know, there aren't many places for us to turn to, to get that kind of advice, without outsourcing. We've looked at outsourcing our HR before and it's ridiculously expensive.*

(Manager 3, Skilled manual, 3 employees)

*I think [mental health] is a very difficult issue and I think it's one that every company probably is going to have to deal with at some point, regardless of their size. And I think small businesses, in particular, just aren't set up for it, you know. And it's been a learning curve for us, but I think bigger organisations will have HR teams and people that have got HR training. If you run a small business, you haven't got that kind of thing.*

(Manager 5, Consultancy, 30 employees)

In a number of the employee cases described, external HR expertise on approaching situations appropriately - fairly and legally - was found to be valuable, and particularly so when managers were facing situations of performance management and capability:

*I seek their help a lot really, because I don't want to do anything that wouldn't be fair ... I suppose, in the end, it's that they are there to support us and protect us from any tribunals coming back on us. So they give us the advice so that our business is protected, which, in the same hand, obviously then, it protects the employee, making sure that they get what they need, a fair process and things like that ... It is useful, because I'm not an HR expert myself. So it's reassuring to be able to have that, sort of, legal advice to hand.*

(Manager 1, Social Care, 30 employees)

*I suppose with any HR, what you're doing is, you're making sure that the organisation is doing things the right way and that might be managing someone out, or that might be supporting someone to stay in, but you need to get your paperwork right. And again, within a small organisation, that's really difficult because you're doing so many things all the time.*

(Manager 12, Community development, 21 employees)

However, some managers found their external HR consultant's formal and impersonal approach to be out of kilter with their way of dealing with mental health issues in the workplace:

*They are like ruthless and wicked in the way that they present their material and I'm forever arguing the toss with them, saying, 'I'm not going to send that out with that kind of language. That just upsets people.'*

(Manager 10, Healthcare, 20 employees)

*I always try to put a framework around the formality, of something that's more caring ... I just wish that HR stuff and the legislation around it was just a bit more common sense and a bit more people-focused, rather than, 'You've got to protect yourself, so you have to have said it this way, this way and this way', and actually I don't want to say it this way, I want to say 'Come on, look, this is what I'm worried about'.*

(Manager 7, Social care, 33 employees)

## 6.3 Occupational health assessments and GP letters

Almost none of the organisations in this study had direct access to occupational health expertise. A few managers had paid for external occupational health assessments for particular employee cases, with mixed views on how useful this had been. One manager had found the occupational health report reassuring, in that it confirmed that the employee's mental distress was not due to any workplace factors:

*There was an element of my concern that, because I'd not really had an easy relationship with this individual that I managed, that I might have the finger pointed at me as being why they were suffering from mental health ... it was reassuring for me to see it in black and white from the occupational health assessment, that it wasn't work related.*

(Manager 5, Consultancy, 30 employees)

However, another manager's experience had been that occupational health reports were of limited use, as they tended not to have a good comprehension of the more holistic circumstances and needs of the employee:

*I've never found that particularly helpful. I mean we do it because the HR people think it's a good thing, but I don't know if they understand what people need as well as people do themselves.*

(Manager 7, Social care, 33 employees)

In a couple of cases, managers had requested a report from the employee's GP. Similar views were given by both managers, that these letters were rather generic and not really of any practical use in implementing support for the employee.

## 6.4 Other sources of information and guidance

Other sources of information and guidance mentioned included an employee who had proactively shared information about their mental health condition with the manager. A couple of managers had informally consulted with trusted friends who held management roles within other organisations, to ask how they would approach the situations they were encountering:

*Informally talking to colleagues in other organisations. We are part of a consortium, so there's four like-minded organisations working together and senior managers meet quite regularly, and, you know, you might just have a coffee and say, 'This is something I'm dealing with,' and so informal conversations happen.*

(Manager 12, Community development, 21 employees)

## 7. Absence and presenteeism

### 7.1 Absence management

Various patterns of absence were observed among the employee cases described. Some employees had not taken any time off due to mental health and had been able to carry out their work role alongside fluctuating mental health, using adjustments such as flexible hours and working from home. Others had had occasional, sporadic and/or long term sickness absences.

Firms varied in the formality of their absence management approaches, but most did have some level of absence monitoring and would conduct a brief return-to-work meeting following any type of sickness absence. Most firms also paid an amount of enhanced 'occupational' sick pay, before an employee would move onto statutory sick pay. However, the generosity of enhanced sick pay varied quite widely between firms, from just a few days to a month or more. Extended periods of enhanced sick pay were rare in this sample of small and micro businesses. Some firms operated a sliding scale of entitlement to enhanced sick pay according to years of service, and some did not offer enhanced sick pay until after a probationary period.

Regarding the management of mental health related absences, some firms encouraged or endorsed the use of home working, flexitime, annual leave and time off in lieu (TOIL) as a way of minimising the employee's recourse to formally recorded sickness absence. Thus employees could avoid or defer the exhaustion of their enhanced sick pay entitlement and any performance management intervention that might arise from repeated sickness absences.

Some managers noted that long-term sickness absence and (apparently) fabricated sickness absence was not something they encountered very often.

### 7.2 Impact of employee absences

Within small and micro firms, employee absence had a direct impact on the workload of co-workers and managers, and this impact could be substantial where absences were of longer durations:

*In a big organisation, potentially you can carry that. In a smaller organisation, it becomes very, very difficult to carry that, because, you know, the bulk of a load drops on very few people.*

(Manager 2, Healthcare, 20 employees)

*The problem with her is that she does work in the shop, customer-facing, so any time that she has off, whilst we do our best to absorb it, it can be quite fraught trying to kind of fill that gap.*

(Manager 18, Food production, 50 employees)

For micro firms owner-managers felt this impact more directly, with managers themselves taking on additional workload to accommodate the employee's absence.

*We have to keep him in the workplace because my work-life balance is shot to pieces as it is, as is my husband's. I would go so far as to say that we have no work-life balance and to have a staff member off would cause that to just accelerate to the point of I would probably have a nervous breakdown!*

(Manager 3, Skilled manual, 3 employees)

For some small and micro firms, bringing in temporary cover was difficult or impossible, either due to the cost implications or because of the specialist knowledge needed to fulfil the role:

*There is the bigger challenge that we're a group of nine people, it is fairly tightly staffed, if someone were off for repeated periods of any length of time it would be really difficult to cover that. We probably couldn't afford to keep bringing in temporary staff. That probably wouldn't work for us anyway actually, because it's quite a- there's quite a lot of knowledge involved that you need to build up.*

(Manager 13, Community development, 9 employees)

One manager gave a somewhat contrasting view to those above, in that although every member of staff was important to their capacity, that her staff had a broad skills base meant all members of the team could contribute and share in picking up the workload of an absent employee:

*I think that small business especially, with a lot of things, because each person plays such a key role, [but] with us, everybody does everything, which makes it easier, so you don't have any of this "Oh, well, you're down here so you only do that", you know ... So if everybody gets involved with everything, it sort of makes it easier in some ways, because you're not just losing somebody that only does one task. It's across the board, so several people pick up the slack.*

(Manager 19, Equestrian, 10 employees)

In some ways, longer absences were easier for managers to respond to and accommodate than short unpredictable spells of absence. Absences that were not reported in a timely way and instances where employees left work part way through their working day were difficult to manage:

*Initially she would phone and say that she wasn't coming in, there would be all sorts of things, so it could be to do with stomach upset, it could be to do with a migraine, it could be so on and so forth, and then it was not even phoning to say that she was poorly, so we would try and find her and text to try and get hold of her, and then she would say, 'I'm not coming in,' or would get a sick note, where she'd say, 'I've got a sick note for a week' ... First time round this year, it was for a month, then she'd come back for two or three days, then sign herself off sick again, and the pattern would be so we couldn't get any support staff because we just would not know when she would be back in.*

(Manager 14, Healthcare, 20 employees)

*Sometimes there were longer periods which, if someone is unwell, you know, that's fine and you can sort of plan for that a little bit and manage that, but then there'd be little odd bits here and there and so it was quite a challenge, because they are a small team.*

(Manager 20, Community development, 12 employees)

Where there was no dedicated HR function, and managers were juggling multiple tasks/demands, it could sometimes be difficult to dedicate sufficient time to supporting employees returning from sickness absence.

*She came back from being off sick for a few days and we were in the middle of a massive crisis. We'd had a death threat against a member of staff, our refuge was full to the brim, loads of other people were off, and her line manager couldn't do her return-to-work meeting until two days later, and she made a formal complaint about it ... Whereas, if you had a HR team, they'd be doing that stuff, wouldn't they.*

(Manager 7, Social care, 33 employees)

As discussed further in Section 10.4, there was relatively little emphasis given to the direct financial impacts of providing sick pay. For many firms, the impact of absence on their ability to maintain business operations seemed to be of greater concern.

## 7.3 Presenteeism challenges

Managers spoke about challenges that arose from situations where the employee was reluctant or unwilling to take time off work when they were feeling unwell (see Section 8.3.1). This could increase time spent by managers and co-workers offering emotional support to the employee during the working day, with an employee's moodstate affecting the workplace atmosphere:

*I don't think actually having them absent is a particular problem for us. It's actually having them in work when they're suffering, because they are spending a lot of time talking to their colleagues about how they are feeling, which is not only distracting people from their work, it is also bringing their colleagues down, and I think that is the bigger impact.*

(Manager 5, Consultancy, 30 employees)

*In some ways when she was off sick it was easier, even though you were a man down, because when she was there and she was struggling, we were spending a lot of time, maybe two or three times a day, you know, having a chat and trying to help her. And in some ways when they're not there, it actually frees up. Because you lose two people then: you lose her and you lose the person that's dealing with it. Actually, when they're off sick, you've only lost one person.*

(Manager 19, Equestrian, 10 employees)

The impacts of employee absence and presenteeism on managers, co-workers and the wider business are discussed further in Section 10.

## 8. Employee factors shaping effective workplace support

In this section, we present findings on the employee-side factors that managers perceived to be helpful or hindering in supporting employees with mental health problems. It is perhaps to be expected that, in an exploratory study such as this, we were more likely to generate interest from managers with troubling experiences to recount. However, it is important to emphasise that not all cases were described as difficult to manage. Common features of employee cases that were described as relatively easy to manage and support were that the employee:

- had insight in to their mental health difficulties
- was able and willing to discuss their difficulties
- was willing to take up offers of adjustments and support
- took an active role in managing their mental health symptoms

We recognise that these four features are focused on the actions and attitudes of *employees*. We do not overlook that employers (and other parties) have key roles to play in achieving successful outcomes, and we discuss these in other sections of this report. Empirically, however, features discussed in this section are those that relate to managers' lived-experience of specific employee cases. Each feature has a 'flipside' counterpart in terms of what made some cases easier or more difficult to manage, as we discuss in the subsections below.

### 8.1 Insight into mental health difficulties

There were instances where managers' initial enquiries had been met with defensiveness or denial of a problem by the employee. This made matters more challenging where there were performance or conduct concerns, because if the employee was not able or willing to address these issues as a matter of mental health, then managers felt performance management was the only alternative. Two managers described cases where the employee had been placed on performance management measures, and had ultimately been dismissed on the grounds of capability; a shared feature of these cases was that the employee was not - at least until very late in proceedings - able or willing to view their difficulties in a context of mental health:

*We put her on performance management measures and after another three months we had to tell her that we were going to end her contract, and it was horrible, absolutely horrible. She went from constantly denying that she was mentally ill and saying, 'There's nothing wrong with me, I'm fine, why do you keep trying to tell me I'm mentally ill', to saying, 'You've sacked me because I'm mentally ill', and it was because she wouldn't work with us. She wouldn't acknowledge what was happening. She couldn't see it, I don't think, and she just wasn't able to have that conversation with us ... It's very, very hard to work with people when they don't have any insight.*

(Manager 7, Social care, 33 employees)



*My overall feeling about that whole time was that I think she was developing depression and didn't seek help. I think we'd gone through the informal processes we could do at a point where she wasn't able or willing to recognise that there was a problem. And by the time she was starting to acknowledge those problems, she'd kind of used up all of the rope.*

(Manager 6, Consultancy, 6 employees).

Commenting more generally, one manager summed up the challenge that it could be difficult or impossible to engage a person in discussion about mental health difficulties until they themselves were able to recognise the issues:

*I do understand though, some people don't want the help or don't realise they need the help, and they've got to be at the point where they do need the help ... You've got to be low, haven't you, to actually admit to yourself you need help ... I think if people say 'No, I don't need any help', they're not facing- they're not at that- they're not ready. You've got to want to help yourself to let others help you.*

(Manager 11, Law, 50 employees)

## 8.2 Willingness to discuss difficulties

Where employees were able and willing to discuss their mental health experiences and related workplace difficulties with managers, then these cases could be relatively easier to support:

*She used to, at one time, make excuses, and because I know her quite well, I just said to her, 'Look, if you're not feeling well just be honest and tell me because I'm not going to judge', you know, there's no reason I'd judge. So she's very open, we can be very open about it.*

(Manager 17, Digital marketing, 4 employees)

In contrast, where employees were not forthcoming about the difficulties they were experiencing, managers had less opportunity to understand the nature of these difficulties and put in place relevant adjustments and support:

*He's not very good at opening up. He will sort of say, 'Oh no, I'm fine, I'm fine', but actually where we're a really small team, it's just the three of us, it's really obvious to us when he's struggling and I sometimes take that lead and just say, 'Can we have a cup of tea? If you want to talk, talk, if not, I just need to know if it's a good day or a bad day', so that I can kind of manage his workload really.*

(Manager 3, Skilled manual, 3 employees)

*If somebody is in complete and total denial, or they are so shamed by mental illness that they can't own it, there's really not anything you can end up doing, apart from being formal.*

(Manager 7, Social care, 33 employees)



Some managers had overcome this challenge through persistence - gentle but repeated approaches and assurances that they were available and open to discussion about problems the employee might be experiencing, which eventually encouraged the employee to discuss their mental health and how this affected occupational activities.

One manager talked about how she had tried to encourage an employee to speak to her sooner, if she was aware that her mental health was taking a downturn, so that workplace supports could be put in place pre-emptively:

*One of the last episodes ... when we explored it, she said, 'I knew it was coming', in terms of the depression, but she didn't say anything. So she felt something was coming on. And so that's where we're talking to her to go 'Okay, before it hits crisis point and you go off sick or you feel so unwell, share with us because then obviously there's things that we can do in terms of lessening the pressure.*

(Manager 21, Information and advice, 49 employees)

## 8.3 Willingness to take up offers of adjustments and support

A key challenge for some managers had been where the employee was resistant to taking up the support or adjustments that had been offered and which, from the manager's perspective, would have seemed helpful and appropriate.

### 8.3.1 Reluctance to take sickness absence

A number of cases were described where the employee was reluctant to take time off work, enacting what is termed 'presenteeism' - being at work whilst unwell. Presenteeism is not necessarily problematic, and can have therapeutic benefits for the individual and benefits for the workplace, where a degree of productivity is maintained. However, in many of the cases described, the employee's presence presented challenges for managers and co-workers. Situations were described where an employee had insisted on coming to work, when in the view of the manager it would have been beneficial to have taken time off. This manager perspective was based both on what was perceived to be the best for the employee, and for co-workers and the business more broadly. However, as the quotes below illustrate, managers were simultaneously mindful that, from the employee's perspective, being at work could be therapeutic. Thus, managers faced a tension between what was best for the employee vs. what was best for the wider workplace:

*I had very much said, 'Look, you just need time,' you know, and we had a little bit of a battle with her, because she was very, very adamant that she felt this was her safe place, and she wanted to come in, and she wanted to get away from things. And so there was a fine balance there between - that she kind of felt [being at work] was her support...But we very much probably enforced that on her and said, 'No, you know, this is not the best for your well-being in the long-run'.*

(Manager 4, Manufacturing/sales, 49 employees)

*I have asked [employee], 'Actually are you coming in to make yourself feel better? And do you not think that sometimes that might have a negative impact on the organisation?' Because if you're coming in when you're not quite ready to return, but you know that it's better than being at home ... I suppose if someone is saying, 'Well I value being here because it makes me feel better', it's like, well actually is it making the organisation feel better?*

(Manager 12, Community development, 21 employees)

Attendance at work despite ongoing mental health difficulties was in some cases linked to employees' sense that their work and work identity were beneficial to their mental health and recovery. Another perception was that employees may feel guilt at not fulfilling their duties at work, and that this could be felt more acutely in the small and micro business context:

*I think, in hindsight, she would say that she probably came back too early, although she felt- it's guilt, isn't it, from her side no doubt, that she felt she needed to come back, because obviously it's very, very difficult for a small business, and therein lies that push and pull, really, that guilt, but that need, as well, to have a break and stay off.*

(Manager 2, Healthcare, 20 employees)

*I took everything off her in terms of anything at work. So she was worried, then, about work. Obviously, she knows we're a small business, so one person going- she was worried about that pressure that was going to come onto us.*

(Manager 16, Consultancy, 4 employees)

In contrast, managers found it easier when an employee was open to suggestions of taking time off if they were struggling in the workplace:

*I said, 'Look, do you think you'd be better off at home, or do you think you'll be better off here?' sort of thing. And sometimes she'd say, 'Well look, shall I try and see how I go on for an hour or so,' and then come and say, 'Look, I think I'd rather go home.' But she sort of took it on board. She was quite easy to- .... She could understand where we were coming from ... She knew that we were trying to do what was right for her, and so we just sort of let her make the decision but gave her the different options, you know.*

(Manager 19, Equestrian, 10 employees)

### 8.3.2 Reluctance to adjust duties or workload

Challenges were also encountered when employees did not wish to adjust workloads or duties during times of mental ill health, preferring to continue with all aspects of their usual role. In some cases, managers felt this was influenced by employees wishing to retain their sense of normality and regular routine:

*I did ask often, you know, 'Is it too many hours?' or, 'Do we need to look at a reduction initially, or a phased return to work or anything like that?' But she said, 'It's all-' ... I think in her mind she just wanted to get back to work and back to her normality and have that structure again and that Monday to Friday type of thing, and bury herself in it slightly, maybe, which isn't always the best way of dealing with things, but everybody is different. But we did keep asking if there was anything more that she needed.*

(Manager 15, Construction, 54 employees)

Where adjustments were discussed, some managers had experienced challenges in finding a modified role that was fulfilling for the employee but did not exacerbate their mental health difficulties. One manager in a healthcare context described how a clinician had rejected the offer of a move to administrative duties because this was '*too demeaning*' but was also unable to carry out their clinical role due to stress and anxiety.

A manager in an organisation providing support for vulnerable people had encountered resistance from an employee when it was proposed that certain aspects of her role were removed, whilst she was in the process of recovery. The employee felt it was unreasonable to suggest she scale back her duties in this way, and this was a source of conflict between manager and employee:

*She ended up reaching a point where she was really angry and I think she felt as though we didn't trust her, which is not what it was about at all ... I felt very strongly that the staff member needed some time ... [but] she lacked interest in the work that was possible and I think felt like it was a sort of punishment, and that was really hard*

(Manager 7, Social care, 33 employees)

More generally, some managers had found that it was difficult to do the right thing by an employee who, at times of mental ill health, could perceive attempts to offer additional support or to modify their duties as criticism or discrimination. Distressed employees could seem unreasonable and inconsistent in their requests and responses, and some managers had been verbally abused in response to their attempts to offer support:

*It's very difficult to get things right and I think it's very easy for people who are experiencing mental health problems to blame the employer and see them as the villain in the piece ... I think sometimes when somebody's in a negative place, it doesn't matter what you do, it's always wrong. So it's very difficult to know what the right thing to do is.*

(Manager 5, Consultancy, 30 employees)

In many of the cases described in this section, the employment relationship eventually broke down, with the employee resigning or being dismissed on the grounds of capability.

## 8.4 Proactivity in managing mental health symptoms

Some managers described employees who had been reluctant to take up professional mental health support or to engage with support that had been signposted or suggested. Managers felt that this was an obstacle to being able to effectively support employees in the workplace. In contrast, where employees seemed proactive about seeking and taking up support to address mental health difficulties, this could make for more effective and easier workplace management:

*She suffers from depression and has quite bad times with her mental health, but she's very responsible about it, so she will say, 'I'm going to need to take a week off for my mental health, so I'm booking a week's annual leave', or she'll say, 'I'm going to be off today because I'm really not feeling great, but I've asked [co-worker] to do my children's group and somebody else is doing my duty on-call tonight', and so it's much more manageable. Whereas other people they let the stress build and build and build until they crash, and then they go off and you can't deal with, because then suddenly it's dropped on you.*

(Manager 7, Social care, 33 employees)

For one manager, this difference in willingness to communicate, engage and be proactive around seeking support had been the distinguishing feature between cases that had been harder and easier to manage:

*Probably communication - more open and genuine ... So someone saying they want to do something and taking action to do it; and someone saying they want to do it because they think that's what you want to hear, rather than doing anything about it.*

(Manager 20, Community development, 12 employees).

## 9. Employee outcomes

At the time of the research interviews, of the 45 detailed cases that were described, 25 of the employees were still in post with the firm and 20 were no longer in post.

Among those employees still in post, managers described a spectrum from those who were perceived as currently doing well in their role, with mental health having no particular detrimental impact on their work or the workplace, through those who were having some issues, to those whose mental health difficulties were still posing significant challenges in the workplace.

Among those who were no longer in post, there were employees who had been functioning well in their role at the time they chose to leave - departures being perceived by managers as unrelated to mental health difficulties, employees who had left at a time of quite significant mental health related challenges, and a group that fell somewhere in between.

Whilst we take a cautious approach to quantification, and draw no wider inferences from the numbers in each category, the cases described could be broadly categorised into six groupings, as shown in table 2.

### 9.1 Achieving effective workplace functioning

Among those employees who were described as doing well, either currently, or at the time they left the business, managers' accounts suggested that some employees had always been relatively easy to support and manage throughout their mental health difficulties, whilst others had been more of a journey towards effective workplace functioning, through a process of adjustments, support and performance management. As has been described in earlier sections of this report, a number of common factors appeared to contribute to ongoing effective management and support over time:

- Open two-way communication around fluctuations in mental health and any related performance issues
- Employee insight and proactivity around using self-management strategies and seeking professional help as required
- Employer provision of flexibility in work hours, work location and workload/duties as appropriate to periodic fluctuations in mental health
- Employee willingness to use flexibilities and take up adjustments as appropriate to periodic fluctuations in mental health
- Ongoing managerial support, including coaching and confidence-building

The above elements were usually combined to achieve a situation of effective support and functioning in the workplace. Some managers commented on the fluctuating nature of mental health, and that employee support was an ongoing process where challenges could arise again in future.

Table 2: Employee outcomes

<b>Employee still in post</b>	<b>Doing well (18):</b> <ul style="list-style-type: none"> <li>Employee described as currently doing well in role</li> <li>Some adjustments may be in place, employee maybe still engaging in therapy and/or on medication</li> <li>Some 1-1 support ongoing (may now be similar to standard managerial supervision)</li> </ul>	<b>Doing okay (5):</b> <ul style="list-style-type: none"> <li>Support/adjustments ongoing and may be still be in the process of establishing/negotiating what is going to be effective</li> <li>Occasional 'wobbles' with manager anticipating further problems</li> <li>Some need for proactivity from manager to keep things on even keel</li> <li>Under performance</li> </ul>	<b>Having difficulties (2):</b> <ul style="list-style-type: none"> <li>Working reduced hours/duties and showing no inclination to work towards resuming full duties or employee wanting to increase/resume duties, but not yet showing levels of performance that suggest they are ready to</li> <li>Negative mood is affecting wider workplace</li> <li>Requiring performance management</li> <li>Employee might find work therapeutic but their presence is proving problematic to the wider workplace/business</li> </ul>
<b>Employee no longer in post</b>	<b>Doing well at time of departure (4):</b> <ul style="list-style-type: none"> <li>Employee functioning well in role at the point of leaving</li> <li>Manager perceives departure as by employee's own volition, unrelated to workplace issues (though sometimes related to broader recovery journey)</li> </ul>	<b>Doing okay at time of departure (4):</b> <ul style="list-style-type: none"> <li>Employee functioning relatively well in role at the time of leaving</li> <li>Manager perceives departure as by employee's own volition, but in part linked to the role not being conducive to their mental health recovery</li> </ul>	<b>Having difficulties at time of departure (12):</b> <ul style="list-style-type: none"> <li>Employee left at a point of significant challenges around performance and/or conduct</li> <li>In some cases resigned when performance issues raised</li> <li>In some cases dismissed on grounds of capability or with compromise agreement</li> </ul>

## 9.2 Situations where employees left the organisation

### 9.2.1 Voluntary and positive departures

Where managers perceived employees to have left of their own volition, this was typically framed as in the best interests of the employee and resulting from a combination of factors, sometimes partly, but not solely, related to mental health. Managers recounted how some employees had come to the conclusion that the type of work or career was not right for them, whilst others left to pursue other goals or to be closer to the support of family:

*They decided, actually, to take another role, so they're not with us any more. And that wasn't us particularly pushing them, nothing like that going on. It was just they thought, actually, this isn't perhaps the right work for me and they moved on in the end.*

(Manager 20, Community development, 12 employees)

*It was a difficult one, because, god bless her, she was absolutely devastated, because she loved it here, and she wanted to stay, and she really was a very, very valuable member of the team. But we had a very long conversation with her and said, 'Look, you know, you need to try it'. She was aware that she needed to be back near her core family, and we said, you know, 'You try it and, if it doesn't work, then there's still something here' ... But I know from conversations with her, that it was a pivotal time in her life, that we'd supported her through that. So, as an employer, that's a great feeling to know that you've helped somebody, and supported them, and she's now in a new phase of her life, and, you know, she keeps in touch, and we know how she's getting on.*

(Manager 4, Manufacturing/sales, 49 employees)

### 9.2.2 Involuntary and challenging departures

A small number of cases had ended in the employee dismissed on the grounds of capability, or via the negotiation of a settlement agreement. These situations typically involved a complex combination of performance and conduct issues, where various attempts at adjustments and support had proved, over time, to be ineffective in enabling the employee to resume a sufficient level of workplace functioning:

*It did take a long time and it's one of those decisions that we were really, really debating internally as to what to do. But eventually it came down to a performance issue. So we think we did everything correctly, but she physically wasn't able to perform. But we went through a long process, we reduced her hours, we gave her time off for her counselling.*

(Manager 18, Food production, 50 employees)

Describing a case where the employee was ultimately dismissed on the grounds of capability, one manager explained their apprehensiveness because of the involvement of mental health factors:

*We were particularly nervous. Because it's a small business we'd never in the history of the business given anyone a formal warning at that point, so then to do that and then there also be [mental health factors], you know, we were very conscious that we didn't*



*want to be doing anything that was not the appropriate thing to do or that was out of line with guidance or that could be seen as constructive dismissal*

(Manager 6, Consultancy, 6 employees)

The above quote highlights how, for small and micro businesses, limited organisational experience of managing mental health constrains organisational learning, inhibiting manager confidence in taking an appropriate approach.

In cases where an employee had chosen to resign at a point of impaired workplace function, managers sometimes felt they may have needed to enter into performance/capability processes had the employee remained with the firm.

### 9.2.3 Feelings about employee departures

Where employees had left at a point of mental health challenges, managers voiced mixed and sometimes complex feelings. There seemed a degree of wistfulness among some managers, where much had been invested in the support of an employee - be that in terms of their mental health and/or wider training and development - but the employee was ultimately unable to sustain their role with the firm. Speaking of an employee who had been given extensive support to try and retain her in the firm, one manager reflected on the circumstances of their resignation as:

*...an interesting conversation, in that you kind of feel like you've invested a lot, and you don't want to just throw the baby out with the bathwater ... I think some employers would take the very cynical view of: well she left, so you've invested all that time and she left, so what was the point? But for me it's the bigger picture, because she leaves with a glowing report of what we did, you know. And she left, but I mean there's nothing we could have done and nothing she could have done.*

(Manager 4, Manufacturing/sales, 49 employees)

Managers could also have concerns about how the action of dismissing an employee could reflect on themselves and their position as organisation leader:

*She had to go, and that feels like a big failure for me ... It was two years, just under two years ... And the board felt that that was too long, which I think is probably fair, but I found- I did feel that she would kind of either get it, or- she had so much potential and it just seemed a real waste to let her go, but yeah, there was no option in the end.*

(Manager 7, Social care, 33 employees)

Whilst there were regrets that it had proven impossible to support and retain the employee, where circumstances had been more challenging, there was also some sense of relief that a very difficult and sometimes drawn-out situation had now resolved and the organisation could begin to move forwards:



*I think actually for the business it's probably better that they have left, in the fact that it removes that extra pressure on the business in terms of managing that mental health, which is a sad thing to say ... They were quite difficult to manage, they were quite extreme.*

(Manager 5, Consultancy, 30 employees)

*I think [co-workers] were quite relieved that they knew one way or the other, once she resigned, that at least then the practice can move on and look for another employee. Because what we can't do is put an advert out when we've got somebody already ... I think they were relieved that we could move on, because up until then, we couldn't.*

(Manager 14, Healthcare, 20 employees)

### 9.2.4 Legal situations

Very few managers in this study had experienced or been affected by legal proceedings relating to an employee with mental health problems. In a small number of cases, employees had been dismissed on capability grounds. One manager recounted a case where the employee was dismissed on capability grounds and a subsequent employment tribunal ruling in favour of the employee because the line manager had not addressed the circumstances of their mental health problem adequately. Two managers reported that an employee had *threatened* to seek legal action during the period preceding their resignation, but no action was ultimately taken.

Speaking hypothetically, a few managers noted their fear of both the financial costs of a tribunal, but also reputational damage, the demands and stress that managing such a situation would place on their already pressured time, and impacts it could have on the morale of the wider workforce:

*With our small business, we're very, very limited on time, and I know that if we were going to go down the disciplinary route, if it led to that, there's just a lot of time and work that goes into it ... Worst-case scenario, if it didn't work out and she did leave or we did dismiss her, then the prospect of perhaps a tribunal going through is something I really don't need. It's a massive drain on our resources as a small business. We don't have a separate HR department. It would be me and my [deputy] dealing with all of that, and maybe it sounds a bit selfish about saying that, but it does have a really big impact on our time, when we could be focussing that time on our existing team, and growing the business.*

(Manager 1, Social Care, 30 employees)

One manager reflected on how avoidance of a tribunal shaped her response to managing employees with mental health problems and expressed concerns about how a tribunal might be perceived negatively by the remaining workforce, reflecting small and micro business contexts where the entire workforce works in close proximity:

*We've got quite a close-knit team, they're all fairly young, and they socialise, and they've got quite strong social networks ... I'm very conscious that if we were to take quite a harsh line, and not continue someone's employment, I think the impact on morale and engagement with the rest of the team would actually be quite serious and quite*

*catastrophic. So I suppose I'm more inclined to try and support people and manage the situation as best we can for two reasons, one is because I don't want to end up in a tribunal and secondly it's because of the impact on the rest of our employees and how they would react to it.*

(Manager 5, Consultancy, 30 employees)

Two cases were described where a former employee had submitted a Subject Access Request under the Freedom of Information Act, to be provided with a full record of documentation covering their period of employment, performance management and dismissal/resignation. Managers had fulfilled this request, and (at the point of the research) did not mention any difficult repercussions.

## 10. Impacts

The impacts of supporting employees with mental health problems, as perceived by managers, fell into four overarching categories:

- Impacts on the manager
- Impacts on co-workers
- Impacts on business operations
- Financial impacts

### 10.1 Impacts on the manager

Some managers noted how the majority of responsibility for supporting employees with mental health problems fell to them alone, while others explained that the practical and emotional workload of support was shared among a small group of senior staff. The division of labour in any given case could also vary depending on the specific role, position, or geographical location of the employee concerned.

#### 10.1.1 Increased workload

Several managers said that their own workload, and (where applicable) that of other senior staff, had been directly impacted by the reduced productivity of an unwell employee. In some cases, this was described as a short-term and relatively manageable increase in workload, but in other cases, the impact had been quite substantial. A number of employees with mental health problems were reported to struggle with client contact, particularly if the client was in some way challenging. Managers sometimes found themselves acting as an intermediary or taking on this aspect of the role directly, thus adding to their own workload.

Small and micro firms' limited ability to source or pay for staff cover - particularly at short notice - could mean that workload inevitably 'cascaded upwards' to managers when employees went off sick. This was evident for managers in both small and micro businesses:

*There's nobody else free to do them because they've not planned for it, and they're on-call that week, but there's nobody else free to be on-call, and that always cascades upwards to the leadership team, always.*

(Manager 7, Social care, 33 employees)

*Most of it was dealt with just by the directors just doing more hours, and doing things instead, and just picking things up.*

(Manager 6, Consultancy, 6 employees)

*It means that the rest of us - you know, even me, the knock on effect on me as chief exec - the knock on effect is my senior management team have to do the operational management team roles, who then have to drop down into the supervisors' roles, who are then doing the frontline role.*

(Manager 21, Information and advice, 49 employees)

### 10.1.2 Time spent supporting the employee

Several managers commented on the significant time investment needed to support certain employees through mental health problems. This included time spent directly with the employee, in planned support meetings or in responding spontaneously to emotional needs in the workplace, and also time spent on behind-the-scenes management and planning to ensure that the employee's needs could be accommodated and their situation was being appropriately handled:

*Because it's such a small business, and I've got my fingers everywhere being the manager, her issue would take up my whole time, and then I've still got the rest of the work to do, and trying to fit that in to the work day, or at home, take it home.*

(Manager 14, Healthcare, 20 employees)

One manager who had experienced a particularly stressful period over the preceding six months, with around one-third of the staff off sick for various reasons, likened her situation to a war general, having to constantly strategise as to how best to deploy her remaining staff resources:

*It's like in films when you see in old wars, they'd be round the table like moving pieces around and saying, 'Oh this is, we need this resource' and that's what it's like. It's like constantly looking at the human resource that we've got and the capacity of each individual and each part of the team ... It's that bit that's exhausting, that's the bit that wakes me up at night.*

(Manager 7, Social care, 33 employees)

Time spent supporting the employee and arranging workload cover diverted managerial and staff resources away from other areas of the business, as detailed further below.

Some managers, however, did not convey a sense of difficulty or burden in supporting employees emotionally. Some of these managers were in more discrete and dedicated HR roles, whilst another - who had just two employees - attributed her capacity to accommodate these supportive discussions to her own efficient time management skills.

### 10.1.3 Manager concerns about doing the wrong thing

Managers noted that at times when an employee was particularly distressed or unwell, it could seem difficult to do the right thing, that the employer could be seen as '*the villain in the piece*'. Some managers had been accused of being unsupportive and had been criticised or verbally abused by the employee. Describing the effects on a team leader, who had been in a direct line management role of an unwell employee, one manager explained:

*People in the team started telling me that [employee] was criticising him again. She started copying me in on emails to him, and she mentioned a couple of times that she felt she wasn't being supported. [The team leader] started to get very anxious himself, that he felt he wasn't doing a good job managing her, and that she was misinterpreting*

*everything he was trying to say ... I think he feels very concerned that he doesn't want to be the reason for her mental health getting worse.*

(Manager 5, Consultancy, 30 employees)

Some managers had also found themselves questioning their competence and whether they were contributing to the employee's difficulties:

*I had three ladies off with depression, and it actually did say that on the doctor's note. So it was a real concern, really, and that's what made me think that I'm really floundering here, you know, am I being a good manager? I don't know.*

(Manager 9, Healthcare, 32 employees)

Being criticised or verbally attacked could be hurtful for managers, or at least required a degree of resilience. Describing a difficult conversation with an employee whose requests for flexible working were becoming unsustainable for the wider team, one manager explained:

*[I said] 'There are needs of the others. Although we can be flexible enough with you, there are needs'... So it didn't really go down well. I mean, I got a mouthful of abuse actually. Somebody else actually overheard that and said, 'I don't know how you managed to turn that call around to being pleasant', you know, so I had to take that on the chin.*

(Manager 10, Healthcare, 20 employees)

#### 10.1.4 Emotional impact

Witnessing and providing support in response to the extreme distress of an employee could itself be an upsetting experience for managers. Some managers felt that the impact on them personally was relatively short-lived, and that through a combination of their own resilience and general experience as people managers, they could process these emotions and move on without lasting effects:

*It is hard, because obviously I've got limited impact, I'm not a medical expert, but because we're close to these people, we do genuinely care about them. And it can be hard to hear that they are going through these struggles, and all we can do really is urge them to seek help ... I mean, we're a small team, but some of them, you know, have lost children, some horrific, horrific life events that, god, they're going to affect you, and sometimes people just need to let it out ... And then you hold it together for them, and then I might have a cry to [senior colleague] ... We're there for that person in that moment fully, and then I have a cry and then I'm fine, I'm fine after that, because that's the way it is, because, you know, you bounce back.*

(Manager 15, Construction, 54 employees)

For some managers supporting employees through mental health problems created a spillover of anxiety into the non-work domain:

*You do take it home and you worry, and you go to bed and you're thinking, 'Have I done that right? Have I got that right? Have I done that right?'*

(Manager 14, Healthcare, 20 employees)

Several managers spoke about more enduring emotional impacts, including the effects on their own stress levels and mental wellbeing, where they had been managing situations over a prolonged period of time:

*I think that's an element that sometimes people forget, when it comes to the management side of it, that actually, you know, it is exhausting sometimes, and you need support ... It's all very well having this open, caring culture, and everybody comes and leans on you, but at some point, you need somebody to lean on.*

(Manager 4, Manufacturing/sales, 49 employees).

*You're conscious really that, you know, in a small business- I mean I've got this fancy executive director role but I'm anything from the cleaner, the family support worker, I mean, I can step into any role, designer, the web editor, you know! So you're conscious you're spinning a lot of plates really, probably with insufficient resources and then, of course, you're looking at your own personal reserves in terms of your own mental health.*

(Manager 10, Healthcare, 20 employees)

Whilst she did not attribute her anxiety solely to the fact that a key employee had stepped back due to mental health problems, one manager described how the unanticipated workload arising from this had been one factor in the re-emergence of her own struggles with anxiety. A couple of managers who had personal experience of mental health problems mentioned that supporting employees through similar experiences could sometimes bring up emotions for them.

## 10.2 Impacts on co-workers

### 10.2.1 Increased workload leading to increased stress

Mirroring the impact on managers, co-workers were sometimes required to absorb some of the workload of an employee who was absent or working less productively due to mental health problems. Several managers spoke about positive and supportive relationships among members of their organisation, and how these could be conducive to supporting the needs of an employee whose mental health problems were known and needed periodic accommodation:

*That was difficult, in that obviously we're a growing company, and we are incredibly busy and everybody does three or four jobs, and her role was created to support the team that were here, because we were struggling ... [But] everybody realised that, actually, this was about her wellbeing and, yes, we might have a period pain for a slightly longer period of time than we would have maybe ideally wanted, but in the long-term it was going to be okay. So in that respect, the team were actually incredibly supportive of her and of the situation.*

(Manager 4, Manufacturing/sales, 49 employees)

There were also cases where, due to the operating structures of the business, or the way staff were deployed, a drop in productivity of one employee did not have any direct impact on the workload of others.

However, a number of cases were described where an employee's mental health difficulties had presented significant challenges for co-workers over a prolonged period, in terms of workload and/or emotional demands. In a few cases the absence of an employee with mental health problems began to impact on the ability to facilitate annual leave requests, which had potential detrimental effects on the wellbeing of co-workers.

*With a small team, you need people to be there, fully engaged. So that has a knock-on effect, and it also has a knock-on effect to the other members of the team. So I think that's more transparent within a small environment.*

(Manager 4, Manufacturing/sales, 49 employees)

Managers were mindful that if workload pressures on co-workers increased too much or were prolonged, there was a risk of detrimental impact on the mental health of the wider staff group:

*You can't be so caring that you never deal with the issues that come of it, because if I did that, then the rest of my team would end up mentally ill and off work, because people can't keep carrying more and more and more and more, and working stupid hours every week, with no sign of it reducing.*

(Manager 7, Social care, 33 employees)

Some managers described how they were conscious of not placing additional workload onto co-workers, where additional pressures may have led to these staff members developing stress-related difficulties of their own. One manager described how the senior management team tended to step in to provide cover, to minimise stress on junior staff. A micro-business manager noted that he and the co-director had taken on most of the absent employee's workload, in the interests of protecting the mental wellbeing of their one other employee. This again reflects how additional workload can migrate upwards to more senior members of a small or micro business. The risk of overwhelm to specific/individual colleagues (be that managers or peers) may be less prominent in larger organisations with more capacity to redistribute work across multiple members of the workforce or with greater resource to recruit temporary cover.

### 10.2.2 Time spent in providing emotional support

In some cases, co-workers were known to have spent substantial amounts of time during the working day offering emotional support to an unwell colleague. This drew them away from their own duties, reducing productivity and increasing work pressures:

*In some ways when she was off sick it was easier, even though you were a man down, because when she was there and she was struggling, we were spending a lot of time, maybe two or three times a day, you know, having a chat and trying to help her ... You lose two people then: you lose her and you lose the person that's dealing with it.*

(Manager 19, Equestrian, 10 employees)



It was also recognised that, over time, there could be a knock-on effect on the wellbeing of the worker who was offering emotional support to an unwell colleague:

*Letting your colleague know that you're thinking about them and you're there for them if they need you, is fine, but also taking on that burden can have an impact.*

(Manager 12, Community development, 21 employees)

### 10.2.3 Workplace atmosphere, morale and tolerance

As mentioned in Section 7, challenges arose where employees had remained in the workplace or had returned from absence whilst still unwell, but their performance and conduct had negative impacts on colleagues. Some managers described how the mood and behaviour of the unwell employee could permeate the wider workplace, lowering morale and causing uncertainty, stress and distress for other workers:

*When it's really small, you do get really sucked into it and you do feel, every day, what's going to happen tomorrow, what's going to happen now? And I think all of the team did feel that: what's she going to do next and what's going to happen there?*

(Manager 14, Healthcare, 20 employees)

These effects could be additionally challenging where the unwell employee was in a leadership role:

*Where this individual was in a very, very bad state and they weren't actively managing their team, their team felt very unsupported, they felt the atmosphere in the office was terrible, they dreaded coming into working every morning, because they didn't know what state she would be in. And she would literally have days where she would sit at her computer and cry all day. And they found that extremely draining, when they're sat next to this person and this person is their line manager, and they feel that they either can't ask for their help, because they don't want to bother them, you know, they don't feel they're getting the support they need.*

(Manager 5, Consultancy, 30 employees)

Echoing the direct experience of managers, it was felt that co-workers could be affected by witnessing the distress of an unwell employee. One manager described a recent incident in the workplace that had been distressing to co-workers, where an employee with long-term mental health problems had experienced a crisis whilst in the workplace:

*She just completely and utterly flipped out ... It was mid-morning. She'd only been in for about an hour and she literally did a runner, out the office, and obviously that scared everyone, and you know they were ringing and she was distressed when she went. So we got the call, and we rang her partner, he was on his way. She wasn't answering her phone to us, but then she answered it to him and she was in a local park, so we called an ambulance and then she went into hospital.*

(Manager 21, Information and advice, 49 employees)



Even in situations where there had been initial support and goodwill, where practical or emotional demands on co-workers became prolonged and showed no signs of easing, managers observed that co-workers' capacity to accommodate and empathise with the needs of the unwell employee could wane over time. Some managers explained how co-workers' efforts to support and accommodate their colleague went unrecognised and apparently unappreciated, causing resentment. One manager noted the waning of co-worker support could result in a vicious circle where the unwell employee then felt more anxious about attending work.

Where co-workers were becoming less tolerant of the behaviours, emotions or reduced productivity of the employee, managers could be in a position of needing to smooth out 'ruptures' and appease these frustrations. For some managers having to balance the needs of the unwell employee and the effects on co-workers was a source of stress:

*It's remarkable how quickly people's empathy just disappears. And then you're having to manage the poor person ... So you're supporting that person, but at the same time, trying to smooth the ruptures that are going around in the background, where people are saying, 'Well, you know, she's got to sort herself out'.*

(Manager 2, Healthcare, 20 employees)

*I found it quite stressful, to be fair. At the start of each day you could be quite apprehensive because you didn't know just what was going to throw up out of that day, and what sort of- because you've not only got to manage the person who's struggling, you've got to manage the other staff's attitude towards them. And some others would be going, 'Oh God, she's skiving' or 'I've done all this and she's only done that'. So you've got that side of it to manage, as well as the actual person that is struggling.*

(Manager 19, Equestrian, 10 employees)

In contrast, one manager found that she was less required to intervene in these sorts of tensions, due to the supportive and cooperative relationships between members of the team. This manager also noted the autonomy and flexibility the team had to organise their work:

*There has always been a higher degree of openness between the team members, so that's really good, so that's helpful for me because they each support one another and manage that between themselves ... Because the team are able to be supportive of one another, then there's less of an impact on me and I'm quite proud of them for that, because they don't have to be that way ... If people need doctor's appointments and that sort of thing then they'll do swaps and changes and tell me what they've done, rather than me having to sort of fly in and sort everything out, all the ruckus.*

(Manager 20, Community development, 12 employees)

## 10.3 Impacts on business operations

Where managers described impacts on business operations, these tended to be a corollary of employee absence and/or the time spent by managers supporting the needs of an unwell employee. The direct reduction in staff resource (through sickness absence) and the diversion of managerial resources could have a knock-on effect on the organisation's capacity to maintain levels of service provision or productivity. Whilst some managers spoke only hypothetically about these potential business impacts, there were some who had experienced tangible and quantifiable effects on their productivity or services to clients:

*I've got figures. I can show you that the amount of time the directors spent on project work was significantly down because of the time we spent sat in rooms talking about it and researching and considering the legal advice and what to do next. And the lack of efficiency and having to pass work across and, you know, deal with things and unpick problems that had been created either by someone not doing something or not doing it properly.*

(Manager 6, Consultancy, 6 employees)

In a few cases, managers had become aware of client complaints or reductions in levels of client satisfaction. In some cases it took some time for managers to become aware of problems with client relationships, with some emphasising reputational damage where employees were not working effectively.

Two managers of charitable organisations had cut areas of client provision, due to the absence or reduced capacity of employees experiencing mental health problems. One manager described how the decision to scale back services was a complex decision with multiple considerations to weigh up:

*It will always have an impact on the team, because we are a small team delivering against quite tough targets at times, and also the support we're offering to the communities, and the activities and groups that we offer to communities, will suffer. What we used to do is say that we would try and cover the work, but actually, that has a negative impact on the team, so I took the decision that it's okay to cancel. But the longer that goes on, the more you have to then keep on reassessing. So I think it's a dynamic process that you think about, and you make decisions, because I suppose it's support, it's reputation, it's morale, you know. All of that stuff gets thrown in.*

(Manager 12, Community development, 21 employees)

Where business operations were maintained, this tended to be through the enhanced efforts of managers and co-workers, who increased their workload and working hours. As noted in previous sections of this report, it could be difficult for small and micro businesses to bring in relief cover for financial and other operational reasons.

There were some instances where managers felt an employee's mental health difficulties had not had any detrimental impact on business performance or client experience. These cases tended to concern employees in professional roles who were otherwise performing well in their

roles and needed a short period of absence and where the manager was able to scale back and negotiate the amount and timing of work with clients.

## 10.4 Direct financial impacts

The direct financial impacts of supporting employees with mental health problems were emphasised less by managers relative to the impact on workload and productivity. Whilst the direct costs of long-term sickness absence (i.e. occupational sick pay, statutory sick pay, and implementing staff cover) were recognised as having potentially significant impacts, such scenarios were rare among the cases described. For many firms, the practical impact of absence on their ability to maintain business operations, as described in the previous section, seemed to be of greater concern than any potential financial impact arising from the provision of sick pay.

A few managers commented that the costs of investing in an Employee Assistance Programme or private health cover were prohibitive. However, those managers who had done so felt that it was worth the outlay. Organisations who had subscribed to Mindful Employer Plus felt that this was very affordable, even a for a micro business:

*We've signed up to Mindful Employer [but] that's like minimal. I think it cost us £40 to sign up and then I think we probably spent £5 extra for the extra platform with the access to the phone support, but to me that is a very small price to pay if it keeps a staff member in the workplace.*

(Manager 3, Skilled manual, 3 employees).

*The occupational health referrals - this will be my third one, probably, in three years - so you're talking £150 once a year, you know, in the big scheme of things, relatively affordable.*

(Manager 5, Consultancy, 30 employees).

In a small number of employee cases, firms had paid for a doctor's report or occupational health assessment, sometimes on the advice of an external HR adviser where performance or capability issues were arising. One firm had taken the decision to pay for private counselling to support an employee whose difficulties were having a substantial impact on co-workers:

*It was worth our while to try to pay for some counselling for them, to try and reduce their reliance on their colleagues for support, because it was having a detrimental impact on their colleagues, because they were worrying about this person, they were coming into work and weren't able to get on with their work because they'd had this suicidal message, and they were like, 'What do I do, what do I do?'*

(Manager 5, Consultancy, 30 employees)

Commenting on workplace wellbeing more broadly, one manager within a charitable organisation emphasised that a commitment to the workplace mental health agenda was more critical than financial outlay, emphasising that effective initiatives were not necessarily costly:

*It's not about throwing cash at it. It's about culture as well ... I think some organisations think you have to do massive things, whereas actually just having a conversation and putting in a support, the impact is phenomenal ... I mean, there has to be an understanding behind it, but it's not all-singing-all-dancing, like thousands and thousands*

(Manager 21, Information and advice, 49 employees).

An observation we might draw from the sample overall is that there is a wide spectrum of financial resources within small businesses as a group. What was an affordable and relatively insignificant outlay for one firm could be perceived as prohibitively expensive for another.

## 10.5 Indirect financial impacts

### 10.5.1 Diverted staff resources

Whilst most managers found it difficult to quantify the financial costs of supporting employees with mental health problems, several felt that there had been indirect financial impacts through the diversion of managerial and co-worker time into absorbing the employee's workload and/or providing emotional support during the working day:

*It increased the line manager's capacity and she therefore wasn't properly able to focus on other areas which she is also involved in in the firm as much. So for example, she was heavily into the marketing of the firm and so her time that she could dedicate to that probably reduced slightly during that period because she was so busy doing, and feeling that she had to check everything or double check everything*

(Manager 11, Law, 50 employees)

### 10.5.2 Delays to growth or investment, and lost opportunities

In light of the absence or reduced work capacity of employees with mental health problems, some firms placed planned business developments on hold. Managers' need to take up additional workload or devote time to supporting the employee had meant that they had been less able to focus on strategic developments and business growth. Managers emphasised missed opportunities and deferred investment and growth strategies:

*We put things on hold, if that makes sense. So I think a lot of the strategies that we were going to implement, we kind of then just took a step back ... So nothing had really rolled out.*

(Manager 4, Manufacturing/sales, 49 employees)

*The original plan is she was going to be more part of my business, so she was going to be creating strategies, she was going to be writing reviews, she was going to be helping with content, um, but as the time went on, that's become less and less and that's more work for me, which has meant I've not been able to work on what I needed to work on as much ... I then didn't have time to go to networking events to see my clients to promote myself. I haven't had time.*

(Manager 17, Digital marketing, 4 employees)

*You've got to divert your attention somewhere, and it's going to have to be away from the core things you're doing ... We didn't lose any clients [but] we didn't chase some prospects as hard as we normally would.*

(Manager 16, Consultancy, 4 employees)

A few managers alluded to the lost human resource investment where they had provided extensive training or funded professional qualifications for employees who subsequently left the company because of their mental health:

*In a more strategic sense it has [impacted] because that was a person that, at this point, I would probably have expected to be in a more senior role. And so it's created a gap that we couldn't fill like-for-like ... They're three years behind. And in terms of our sort of plan, we were expecting to have a member of staff that was experienced and competent, that we'd then just have as a resource and instead we have someone we've got to invest more time in.*

(Manager 6, Consultancy, 6 employees)

Two managers noted indirect costs, in that they had occasionally lost client contracts, when an employee assigned to that client was unable to fulfil their role due to absence and it was not possible to replace them.

## 11. Balancing support and performance management

The cumulative effect of the four impact types described above (personal, co-worker, business and financial) was the experience of 'cross-pressure' (Ladegaard et al., 2019) for managers. This cross-pressure arose from managers' attempts to balancing the needs of the employee against those of co-workers and the wider business. This often involved attention to balancing of support and accommodations for the employee with performance management and reasonable productivity expectations.

Indeed, drawing together the themes arising across interviews, managers' overarching experience of supporting employees with mental health problems could be conceptualised as one of *juggling* and *balancing*, where they found themselves trying to accommodate and support the competing needs of the employee, their co-workers and the wider business. Within this, a core tension was that of balancing support and accommodations against the need for employee productivity and the appropriate use of performance management within this context. A particular challenge was knowing whether and at what point it was reasonable to have a performance-focused conversation with a mentally unwell employee.

### 11.1 Tensions in balancing support and performance management

Among the cases described, difficulties had arisen relating to both productivity and conduct or behaviour within the workplace. Some managers talked about employees having '*tantrums*' or '*meltdowns*' in the workplace, or speaking in an unacceptable manner to managers or co-workers, or showing a lack of respect for co-workers. In such cases, there were tensions in judging whether a performance management approach was reasonable or justified, or whether the employee's conduct needed to be viewed as a manifestation of their mental health symptoms and should thus be treated within the framework of the employer's disability equality duties. Mindful of employment equality duties, managers recognised that in cases where a mental health problem was disclosed, there were enhanced obligations on employers to support employees through times of absence and reduced performance. Disentangling poor performance from mental ill health was challenging for managers:

*In terms of a lot of the performance management, it felt quite murky, the relationship between behaviour and mental health. And what we were seeing and what was being said to us was often quite conflicting. And I found that, I think, probably particularly for a small business, I didn't feel there was a lot of guidance in helping unpick that.*

(Manager 6, Consultancy, 6 employees)

*It's quite tricky at times because, whilst I very much want to give her all the support I possibly can, she doesn't always work to the standard or with the enthusiasm that I would like out of her. And sometimes it's hard to work out whether that's because of her*

*feelings at the time with her mental health issue, or whether it's just who she is as a person.*

(Manager 1, Social Care, 30 employees)

There was also a perception amongst some managers that employees might 'use' mental health as an excuse or a cover for poor performance:

*The thing is with mental health in the workplace, we'll support people as far as possible, but there are occasions when mental health can't be the reason why certain things happen, you know, it's not always that clear ... It's difficult with mental health, because you need to make allowances sometimes, but then there are occasions when people use that.*

(Manager 8, Social care, 7 employees)

However, some managers were concerned that approaching underperformance from a performance management or disciplinary perspective could have further negative impact on an employee's mental health.

Some managers also reflected on their own discomfort in broaching performance conversations and the stress this could cause. In the excerpt below the manager emphasised how he found performance related conversations difficult and how this became more difficult when combined with conversations around mental ill health, as he lacked confidence in how to manage employee mental health:

*It's a difficult path to tread sometimes, for me, because you're never quite sure how people are going to react. So it's stressful in as much as I know I need to do something about it - I struggle with that anyway, you know, people are not pulling their weight, I do find it quite hard to actually tackle people about it - but I am absolutely more cognisant, I think, when someone has got mental health issues, because I'm really not sure how best to support them.*

(Manager 2, Healthcare, 20 employees)

In Section 8.2 an employee's willingness to discuss difficulties relating to their fluctuating mental health was identified as assisting managers in effectively supporting mental health problems. Understanding when drops in productivity were related to mental health problems aided the balancing act of a supportive rather than punitive approach. Describing the case of an employee in a telephone helpdesk role, one manager explained:

*One of the things is that her stats in terms of answering calls is lower than other people's. So we have conversations as to is this a performance issue because you should just be doing better, or is something going on mental health-wise, which means that you're not as efficient or effective as the rest of your colleagues. And so not making assumptions and not performance managing someone where actually, you know, 'Yes this is going home' or 'I'm cutting myself again', or this, that and the other. So there's that conversation that's had regularly around her stats and her performance in work.*

(Manager 21, Information and advice, 49 employees)



Similarly, another manager reflected on a situation in which a line manager's lack of experience in discussing mental health issues with staff had meant that an employee's mental health had not been sufficiently taken into account during a disciplinary process. Because of this, at the ensuing tribunal, certain aspects of the employee's complaint were upheld:

*Her manager was really strongly performance managing her and she was on the way out of the organisation in terms of behaviour and conduct, which was nothing to do with her mental health, needless to say; it was to do with her personality. But as a consequence of that, this manager overlooked the staff member's mental health needs during it all, because it got clouded by the fact that she was a nightmare and a nasty piece of work, and there became situations where the manager pushed this staff member and then, of course, this staff member raised a grievance around discrimination on the grounds of her mental health.*

(Manager 21, Information and advice, 49 employees)

Where performance and productivity were reduced, particularly over prolonged periods of time, managers needed to take account of impacts on co-workers, the wider business and their own wellbeing. As discussed in Section 8.3, it could be challenging for managers when employees did not wish to reduce or amend their duties. However, in relation to performance and productivity, one manager noted that it could also be challenging where employees did not appear to want to work towards *resuming* their full workload, thus impacting the workload of the remainder of the team:

*I've had totally the opposite where people have loved the fact that they're doing something much less stressful, or much less demanding, and then have never wanted to step back up and back into the normal role, but again you can't carry that for untold amounts of time*

(Manager 7, Social care, 33 employees)

Overall, managers recognised a tension in balancing accommodation and support for the employee with the need to maintain business function and productivity. The needs of co-workers also factored in these decision-making processes:

*People [co-workers] can't keep carrying more and more and more and more, and working stupid hours every week, with no sign of it reducing, so you have no choice, as an employer ... Either they'll [the employee] be performance-managed back to a decent standard of work or they'll be performance managed out of a job, and that's shit. I don't want that to be what has to happen at all, not ever for anybody, but it is the bottom line really.*

(Manager 7, Social care, 33 employees)

There was some evidence that as managers navigated balancing support with performance there was a consideration of the unique value that a particular employee brought to the organisation, as illustrated in the following cases:



*If [employee] most of the time was off work, or was hardly answering the phone, then yeah we would have to move down capability on the grounds of ill health. But that has to be severe ... You know, having her in the workforce, at times, if she's unwell, she might answer less calls, which means that there's less clients being seen and those clients are in desperate need of our support ... but actually, having her in the workforce and what she brings in terms of her empathy of people and her understanding of many of the clients that come through our organisation, because she herself experiences things, balances that out.*

(Manager 21, Information and advice, 49 employees)

## 11.2 Blurring of personal and professional roles

Some managers described a tension between their personal desire to support the employee as a friend and colleague, set against their need to take an overall view regarding the needs of the business:

*It's being supportive but also, you know, I've had conversations with people where you sort of almost physically, you're changing hats, saying, "Well, look, you know, I'm wearing the [company] hat, which is: this is the issue we have a business - and we still are a business even though we're a charity; and this is the sort of support I can offer, and I want to offer, as a colleague and friend. And I think it's very difficult to sort of walk that tightrope.*

(Manager 12, Community development, 21 employees)

*It's a difficult thing, because we're colleagues and acquaintances, but we're not quite friends, so there's that difficult place, isn't there, that you have. If we were friends, you can be empathetic, you can listen, and you can talk to, and give them advice, friendly advice, almost getting involved in their world. But because of the fact that we worked together ... there was another agenda. My agenda was, yes, we needed to help her and support her, but also on the other side, there's that juggling thing where you know that her problems are impacting on others.*

(Manager 2, Healthcare, 20 employees).

One manager described how it had been difficult to balance performance management and pastoral support, because - being a micro firm with only herself in an HR role - both aspects of support had fallen to her:

*I was the only one, effectively, that she was talking to about it and I was her ultimate boss really in terms of the business, so it was quite a conflicting thing to have to manage ... if there'd been an ability for someone else to take over one or other side of that, I would have done that.*

(Manager 6, Consultancy, 6 employees)

Tensions could arise where the unwell employee was in a senior or managerial role, for example, a partner, team leader or co-director of the firm. In such cases, managers in an HR or

pastoral support role could feel apprehensive about being directive in suggesting or implementing support; and likewise there were limits to how far they could require the employee to take certain steps. In one case, a familial tie between the supporting manager and unwell employee added further complexities to the situation.

### 11.3 Navigating formality: benefits and challenges of a more formalised approach

In some cases, there had come a point where support and accommodation of an employee became unsustainable. In some cases, employees were placed on performance improvement plans, with targets for improvement in attendance, productivity and/or workplace behaviour. These conversations could be difficult to broach and in some cases employers felt they had delayed too long before addressing matters more formally. Several managers reflected that, in future, they would approach situations sooner and in a more structured way.

Managers were mindful of acting within the boundaries of employment law, and in a number of cases had consulted external HR services or solicitors before taking steps to engage an employee in a performance-related discussion. Such specialist advice could be useful to employers in assuring them that it was legally acceptable to weigh business needs against supporting the employee in terms of what was 'reasonable', and potentially dismiss the employee on capability grounds.

Some managers appeared relatively confident in their position that, at a certain point, it became reasonable to move to a performance management and capability approach:

*There's only so much that can be attributed to the mental health, and at some point, it's going to come to the fact of whether it's a capability situation ... I think sometimes, you know, you have to look at, yeah, you put everything in place you can to support, but at the end of the day sometimes it comes to the fact that, you know, is that person actually capable?*

(Manager 8, Social care, 7 employees)

*When I had to speak to the staff member who had vented in the office, that was really hard because I'd spent months supporting her and through a horrific situation, and then I had to say, you know, 'This is not okay, and it's so not okay that this becomes a disciplinary issue.*

(Manager 7, Social care, 33 employees)

However, others expressed more trepidation and fear of potential consequences if employees took the organisation to a tribunal on the grounds of discrimination or unfair dismissal:

*I must admit, I get nervous with mental health issues, mainly because the performance is clearly affected by whatever they're going through, which therefore then is causing a problem elsewhere. But because of the sensitivity around it, there is then this issue*

*where, you can go through a formal process with somebody who is swinging the lead, or they're just not able to do their job, they're not capable, or whatever it might be, they can't be bothered, then you can manage that through the system, and in the end potentially you could sack them, I guess ... The process allows for that. Someone with mental health issues now becomes more of an issue, because you are now sensitive to the fact that most if not all of the absence is probably down now to a mental health condition, and how far you can take that?" ... I'm quite fearful, and if I sort of carry something through and then they come back in the tribunal or something, 'Oh, you knew I was depressed' or 'You knew this that and the other', that scares the living daylights out of me, because I don't really know personally how to handle that.*

(Manager 2, Healthcare, 20 employees)

Even managers who were confident in addressing performance matters recognised the inherent tensions and sensitivities where mental health was involved:

*It does cross the border into performance management; it can't not sometimes, because you end up with presentism. If you make work a healthy, positive place for people to be, even when they're having a mental health crisis, you end up with people who are physically present, but mentally not able to cope with what they would normally be able to cope with, and so that also has to be recognised and carried. And you have to ask yourself how much of that you can allow, you know, when would you be expecting to see people really kind of start to come back to performing at a better level? You don't want to add to the pressures that people are under, but equally you do have minimum standards of behaviour, of performance, and it's how you manage all of that. And I don't think there's a clear, straightforward answer.*

(Manager 7, Social care, 33 employees).

Taking a structured approach to support and performance from the outset had been useful to some managers, and perceived as crucial to effective management of employees with mental health problems:

*The first thing I do now is look at our policies, and then go to seek advice ... and I would say that it's just so important to have that in place, because without that then you have nowhere to turn. But you've got that rule book, you know, that gives you that a structure.*

(Manager 12, Community development, 21 employees)

However, a more formalised approach could sit in tension with the informal relationships within small and micro organisations. Taking a 'harsh line' on performance management could negatively affect goodwill and morale across the wider workforce:

*Particularly in a small company, once things start being more formal, it makes all of those work relationships very difficult. In any small team, you rely on those informal relationships and the balance is always complex, isn't it. But particularly with something like that, and I think particularly because it was a mental health issue.*

(Manager 6, Consultancy, 6 employees).

In some cases, managers had found that employees reacted defensively when performance matters were broached. Some employees had resigned soon after managers attempted to engage them in performance-related conversations:

*They were struggling, and they had lots of treatment, NHS treatment and private treatment and support. When I wanted to discuss that their work wasn't improving, they chose to not have that conversation and leave*

(Manager 5, Consultancy, 30 employees)

In contrast, there were cases where addressing performance issues through a more formalised, yet supportive and constructive approach, had resulted in a significant improvement in the employee's attendance, performance and/or conduct. One manager described how, although the need to implement disciplinary measures had been difficult, the employee did respond constructively and their performance improved significantly:

*She ended up having a big kind of offloading in the office in front of all the teams and partners, which led to her having to have a verbal warning as part of the disciplinary process and being very clearly told what the consequences would be if she wasn't able to manage the reactions that she was having. And we came through that process and she's now back doing all of her work, apart from the [client-facing] work, and her performance has been absolutely excellent.*

(Manager 7, Social care, 33 employees).

A few managers contrasted their current workplace with their previous experiences in, or perceptions of, larger private sector organisations. The approach to performance management in those settings was understood to be more 'cutthroat' and less accommodating of employees with health needs. Whilst managers embraced the more supportive approach of their current small or micro firm, some nevertheless felt that the more regimented approach could make for an easier managerial job in some respects.

It is notable that performance-related conversations had sometimes been the trigger for an employee to directly disclose mental health problems, sometimes confirming managers' suspicions based on observable behaviours over a period of time (cf. Martin, Woods & Dawkins, 2018). In this respect, and related to dealing with performance matters promptly and proactively, some managers said that in light of their experiences, they would in future be quicker to act on their early instincts that an employee was becoming unwell.

Despite this, some managers reflected on how a more directive and formal approach could have been problematic for some employee cases and how such conversations would be difficult with those already struggling with their mental health, potentially increasing their stress and anxiety.

*I don't know if sometimes a formal process helps to put some boundaries in place, but you've got to really balance: would that formal process add weight to the trauma and the mental illness and the suffering, or would it actually redirect somebody down a healthy path? ... That's a very difficult conversation to have with somebody when you*

*know that they're already struggling, because you don't know if you're sending them away feeling 50 times worse than they did, or feeling right, okay, that's some kind of warning sign that I need to just take a step back ... You never know how somebody's going to react when you have to have a direct conversation with them*

(Manager 7, social care, 33 employees)

## 12. Manager reflections and learning points

In this section, we summarise managers' overall reflections on their experiences of supporting employees with mental health problems, highlighting their own learning points.

### 12.1 Open and supportive workplace cultures

When reflecting on what had gone well, a common theme in managers' accounts was the importance of acting in a way that conveyed compassion, understanding and openness to supporting the employee through difficulties. This involved both supportive responses to specific cases as they arose, but also creating and promoting a workplace climate whereby all employees felt able to speak up - early and openly - if and when they experienced mental health difficulties. Other aspects of supportive approaches included acknowledging rather than dismissing problems, and making regular time for employees to have 1-1 conversations with managers

*I made a safe space for them to talk to me about their stuff, I think. I think it's something about creating the right atmosphere, and encouraging and welcoming disclosure when it came.*

(Manager 13, Community development, 9 employees)

One manager's comments indicated the fine balance that could be necessary between recognising and responding to the employee's difficulties, whilst not drawing too much attention where this could be counterproductive:

*We've tried not to make like a big deal out of it, even on the days when it's been clear that actually it is a big deal...I think our staff member would be very good at just ignoring it and saying, 'Yeah, yeah, yeah, I'm fine, I'm fine, I'm fine', and then sort of battling through the day. Whereas I think the best thing we've done is we've made it clear that we're aware and that we're okay with him having these days. I think that's probably the best thing we've done is to kind of put it out there that actually we know where he's coming from, we've experienced this as well and we just want to be there to help him.*

(Manager 3, Skilled manual, 3 employees)

Reflecting good line management practice more broadly, managers also spoke about how they had provided employees with positive feedback about their work, thanked them for efforts and work well done, and supported them to increase their confidence in role:

*You're just checking in with people once in a while, that sort of informal communication that happens in small organisations, just sending a text saying, 'How you doing?', or you know, 'Thank you for that,' and just trying to recognise people.*

(Manager 12, Community development, 21 employees)

## 12.2 Increasing manager knowledge and workplace supports

Some managers had undertaken mental health awareness training, following their first experiences of supporting an employee with mental health problems. These included widely available courses such as Mental Health First Aid and locally delivered accredited courses. Some managers had revised and reviewed their policies and signposted employees to services and resources. Some firms had enrolled with an Employee Assistance Programme directly in light of their experiences, to be better prepared to support employees in future.

Others emphasised how their experiences of managing an employee with mental health problems had led them to be more aware of their management style and social responsibility.

In an organisation that had substantially increased its activity around mental wellbeing in recent months, in light of growing awareness of staff wellbeing issues, the manager felt that to have done this in a pre-emptive rather than reactive way would have been beneficial:

*When we did introduce it, it was in the context of something that had happened ... So I suppose if I would have done something differently, it is that bit about do it before there's a need to.*

(Manager 21, Information and advice, 49 employees)

The manager quoted above described a case where an employee dismissed on the grounds of performance had subsequently taken the organisation to an employment tribunal. Although there were found to be grounds for dismissal, the employee's claim was upheld, as their line manager had not addressed the circumstances of their mental health problem adequately. This experience had impressed upon the organisation the importance of line manager training in mental health awareness.

Notable, however, were the comments of one micro-business manager, who acknowledged that now the particular employee situation had resolved, the organisation's focus on supporting mental health problems had moved off the agenda, with attention returning to the other immediate issues facing the business.

*No, it's come to an end. It's one of those things: okay, so this is no longer a pressing issue. Okay, I've got lots of other pressing issues; let's deal with them*

(Manager 16, Consultancy, 4 employees)

With fewer experiences of managing employees with mental health problems coupled with limited resources to invest in broader mental health promotion initiatives, micro-firms may continue to prioritise day-to-day concerns and act in an ad-hoc manner.



## 12.3 Sensitive handling of return to work

There were a small number of incidents described where the management of an employee's initial return to work from absence had caused distress for the employee. Where employees were immersed too quickly or were not able to have 1-1 meetings with their manager prior to re-joining the workgroup, this could lead to distress and complaint from the employee. Whilst this had been inadvertent on the part of the managers, and sometimes due to circumstances outside of their control (e.g. addressing a crisis elsewhere in the organisation), these experiences highlighted the importance of sensitive and well-timed return-to-work meetings.

## 12.4 Earlier intervention on emergent problems

A number of managers felt that, with hindsight it would have been beneficial to have broached the issues earlier, when difficulties first became apparent and perhaps in a more structured manner. This applied both to signs of emotional distress in employees, and also emerging performance concerns. This may in part reflect the informal and familial approaches within many small and micro businesses, yet despite a personal approach to supporting employees managers reflected on how issues and challenges continued longer than was helpful for the employee concerned or for the impact on the wider business.

Managers variously commented on how they might have signposted more quickly to the professional support of employee assistance programmes, been more assertive in encouraging employees to take time off work, or engaged the employee sooner in a conversation about performance concerns. With earlier interventions, managers felt that situations may not have become as challenging or prolonged. A number of managers felt they would be more proactive, assertive and confident to intervene earlier if situations arose in the future. Reflections on earlier intervention were also linked to managers' need for greater knowledge about mental health and limited structures in place to facilitate earlier disclosure or recognition of emergent mental health problems:

*It's made me much keener to elevate any concerns earlier, and to deal with those slightly differently. If there are things that I notice now, I'm much quicker to have a quiet word...I think in some way it's definitely made us a bit more open, and it's made me make more of an effort to be more open about my own kind of experiences and my own takes, and just to try and elevate those conversations a little bit more.*

(Manager 6, Consultancy, 6 employees)

*Moving forward, I wouldn't let anything drag on that long again. I would deal with it more quickly. And I think I would have to bow to the rest of the leadership team in recognising that, yeah, I am very optimistic for people with mental health issues ... and it's not that they're not [optimistic]; they're just more pragmatic about the business needs.*

(Manager 7, Social care, 33 employees)

## 12.5 The benefits of processes and structure

Some managers had taken a more structured approach to supporting employees through periods of mental health difficulty, and these managers felt that their experiences confirmed the value of such an approach. Transparent and well-documented processes (around absence, return to work and performance management) could be helpful for all parties, in removing uncertainty and making agreed actions clear:

*What it's done is underpin the importance of making sure you do have robust policies and procedures in place, even though the way in which you do your day-to-day work, as a line manager and a team manager, is in a very informal way. So that you have that friendly and supportive culture, but making sure that if someone is in need of support, the structure's there to back you up.*

(Manager 20, Community development, 12 employees)

One manager talked about how the organisation's process for recording absence had become more systematic and more specific, in light of their experience of supporting an employee with emergent mental health problems:

*I'm more rigid with HR, the return to work. I'm more rigid with knowing how much time people have off, and what it's for as well ... I've got more of a sense, because I can see it on my grid straightaway.*

(Manager 14, Healthcare, 20 employees)

A number of managers who had initially taken a more informal and organic approach to supporting employees felt that, with hindsight, a more structured approach could have helped to prevent situations becoming as challenging as they did:

*It would have been useful, I think, to sit down and work out and try and agree a way forward, so that we would have a plan, and we could have worked with her on that plan, and be able to assist her if she was struggling with it. So I think it's because we left it open, and that's the weakness of the whole process, and that she was left really to swim alone, and that I think in hindsight that was a mistake ... I think we could have tried to be a bit more structured.*

(Manager 2, Healthcare, 20 employees)

Another manager's comments alluded to the benefits of organisational learning that could come from a more structured approach to support and management. With hindsight, she felt that more systematic documentation of an employee case that had occurred some years ago might have helped at that time and also provided the organisation with a record of what had and had not been helpful, so as to guide them in future scenarios:

*You look back on it and things are a little bit vague. Even at the time, sometimes, you know, if you came across it again and you could sort of document what particularly helped and [worked] better, you know.*

(Manager 19, Equestrian, 10 employees)

## 12.6 Support, performance and employee accountability

As has been described in Section 11, the balancing of support against performance was a key challenge for many managers. In their final reflections, some managers reiterated their realisation that it was important to keep the needs and capacities of the wider organisation in frame, alongside accommodating the needs of an employee with mental health problems:

*The important thing is not to take your eye off the organisation as well. So don't let it become personal, you know. And that's why, you know, I did literally, you know, sit there, metaphorically swapping hats, because you want to support but you also have to keep a business running.*

(Manager 12, Community development, 21 employees)

*I try to be a bit clearer about where our limitations are and the fact that we aren't mental health workers, we can't- we won't always get things right. We're not trained to help people, we can only try and manage it the best that we can as an employer.*

(Manager 5, Consultancy, 30 employees).

Another manager reflected on how taking too personal an approach to support could sometimes be unhelpful, and that she might take a more detached stance in future:

*I think, daft as it sounds, I think you're better, in some ways, not to be as close to the person. Because when you're quite small, they feel like sort of part of extended family, and then you don't always look at stuff as professionally as you might do. So in some ways I'm sort of thinking, actually, staff are staff and you need to make sure you do follow the rules.*

(Manager 19, Equestrian, 10 employees)

In some cases, managers felt that a greater emphasis on performance could have been helpful, through holding the employee to account for steps they had agreed to try and manage the impacts of their difficulties:

*I feel like I'm sometimes a bit too soft with her and I don't hold her to full account of what she's agreed to with me. I feel like I've done absolutely everything I possibly can to understand and afford her things - sort of adjustments, but she doesn't keep her side of the bargain. And so I think actually, I could've held her more accountable for those things that she agreed to.*

(Manager 1, Social care, 30 employees)

*I think I'd have a different balance between support and clear direction. So I think where I went wrong with [employee] was it was support, support, support, support, support, support, support and it went too far before saying, 'Actually what you're doing isn't okay and the way you're performing and behaving isn't okay, and if it doesn't change then this'. So I felt like I trod too lightly.*

(Manager 7, Social care, 33 employees)

Some managers reflected on the need for ‘patience’ when supporting employees through a period of mental ill health, and how it was sometimes necessary to give the employee several ‘chances’ to address and improve any performance issues that were connected to their mental health difficulties. Some managers felt that - whilst very conscious of their duties around equality and discrimination legislation - their experiences had left them somewhat chastened in terms of the challenges of employing people with mental health difficulties in future.

## 12.7 The need for individualised approaches

In their final reflections, some managers emphasised the need for an individualised, case-by-case approach to supporting employees with mental health problems, highlighting also the importance of listening to and taking account of the employee’s perspective and self-knowledge of their mental difficulties:

*I think you've got to sort of go with the individual, as to what they feel is best for them, and you can only sort of trial and error stuff and see how it works ... I think listening to the person involved, to be fair, and being led by how they- because mental health, it's not like you can say oh, they've had a fractured leg, it's going to take six weeks to heal. I think you've got to be led by the person who's affected, and have quite an open approach to it. So you can't go in and say, 'Right, well we're going to do this, this and this', because it doesn't work. You've got to be flexible.*

(Manager 19, Equestrian, 10 employees)

*I think it's having that open honest dialogue ... and there is no perfect pill. There is no perfect, you know, therapy, or strategy, or return-to-work plan, or whatever. It's just about a case-by-case.*

(Manager 4, Manufacturing/sales, 49 employees)

*Understand that everyone is different, understand the issues ... it's great that people are talking about mental health now, but actually it's so wide as well. So, therefore you have to take each case separately.*

(Manager 12, Community development, 21 employees)

## 12.8 The importance of support for managers

Some managers reflected on the importance of emotional support for managers themselves, when supporting employees through mental health problems. As noted in Section 10 and 11, the practical and emotional load of supporting and balancing the needs of the employee, co-workers and the business could be a stressful experience, which risked detrimental impact on the mental wellbeing of managers themselves:

*In terms of my work practice, it made me aware of the need to support line managers a whole lot more actually. I was thinking actually they probably really took a lot of the brunt of it, and I'm not sure I was there enough for them at the time, or recognised that well enough, about the impact it was having on them.*

(Manager 13, Community development, 9 employees)

Managers also recognised that senior members of staff might also face their own mental health challenges and it was important remain alert to this:

*I'm just conscious of that I don't [overlook] my senior team ... Just because they're senior, just because they're quite resilient, doesn't mean that they don't face these challenges ... I think as we grow it's about making sure that everybody has those kind of support mechanisms in place so.*

(Manager 18, Food production, 50 employees)

## 13. Conclusion

The economic impact of the Covid-19 pandemic is likely to affect many small and micro business managers and their employees. Uncertainties about financial stability, job security and business continuity will affect public mental health, making this study's findings particularly important going forward. Below we summarise the key findings and implications of this study.

### 13.1 Summary of key findings

- ❖ Small and micro business managers wanted to support employees with mental health difficulties. Their instinctive **responses reflected good practice guidelines**.
- ❖ Small and micro businesses' **responses were largely reactive and short-term**, as and when cases arise.
- ❖ Managers emphasised the **importance of open workplace cultures around mental health** and the **value of early engagement** where employees appeared to be struggling.
- ❖ Managers **favoured a personal and informal approach** yet conversely reflected on the **value of transparent structures and processes for managing and consistent documenting of support** and intervention around employee mental health.
- ❖ A **personal and familial approach** to employment relations could lead to **slower responses and interventions** to emergent mental health problems.
- ❖ For small and micro businesses, **limited organisational experience** of managing mental health constrained organisational learning and **could inhibit manager confidence** in taking an appropriate approach.
- ❖ Specific mental health **training for line managers was beneficial**, in improving awareness and appropriateness of responses.
- ❖ Situations were **easier to manage where employees had insight** into their mental health difficulties, were **willing to discuss and take up offers of support**, and effective adjustments could be agreed upon.
- ❖ **Positive workplace relations** and supportive cultures **meant there was often willingness to accommodate** the needs of a colleague who could not always work at full capacity.
- ❖ Situations became **more difficult to manage where employees were unable or unwilling to acknowledge problems or negotiate adjustments** to their role.

- ❖ Where the effects of mental health problems resulted in challenging workplace behaviours, the **atmosphere and morale of the whole workforce could be affected**, something that is acute in small and micro businesses.
- ❖ **Co-workers** in these small and micro businesses **experienced increases in their workload**, when compensating for the absence or reduced productivity of an unwell employee. Initially, this was done with empathy and goodwill, but **as time went on this could wane**.
- ❖ Redistribution of workload to accommodate employees effected by poor mental health often **cascaded up to owner-managers or a senior leadership team**.
- ❖ **Direct financial impacts were a lesser concern** to small and micro business managers than the impacts on workload, management, productivity and workplace climate.
- ❖ Long-term absences requiring extended sick pay were relatively rare. **Short-term and unpredictable absences could present challenges**, because firms struggled to source staff cover.
- ❖ **Presenteeism** (an employee coming to work whilst experiencing mental health difficulties) **could become challenging**, where the unwell employee's workplace behaviour or reduced productivity had problematic knock-on effects for colleagues, managers or clients.
- ❖ **Where situations became unsustainable** and employee conduct or capability issues arose, **access to external HR and legal expertise was valuable**.
- ❖ Managers in small and micro businesses face significant **cross-pressures from balancing the competing needs of unwell employees, co-workers, wider business operations and their own wellbeing**. Attention to the mental health of business owners and senior managers is essential.

## 13.2 Policy Implications

This study has shown that challenging situations can arise even in workplaces that are well-informed about mental health and have a supportive culture. We derive the following implications from the experiences of small and micro businesses taking part in this research:

- ❖ Small and micro businesses may benefit from access to external HR expertise, particularly when navigating the legal position around performance management and capability. However, these firms may not perceive such investment as affordable or necessary, until such time as situations arise. **Promotion of lower cost, subsidised or flexible options for engaging HR and legal consultancy** would therefore be beneficial.



- ❖ Small and micro businesses may benefit from **better access to external mental health expertise**, including Employee Assistance Programmes, manager training, and advice and support services for managers. Again, there is a need to **address perceptions that such services are unaffordable or of limited relevance** to small and micro businesses, and to promote financially accessible options.
- ❖ Policies to support small and micro firms must account for the reactive manner that these firms navigate managing employees with mental health problems, particularly in light of the balancing act of managers with competing priorities. **Small and micro businesses may need convincing of the long-term benefits of investment** in proactive workplace mental health support. Relaying this message in an accessible way and through trusted channels will be important.
- ❖ Line managers are fundamental to supporting and managing mental health in the workplace. **Policy aimed at increasing the management skills and capabilities of owner managers** in small and micro businesses is fundamental.

## 12.3 Next steps and a research agenda

Small and micro businesses vary enormously in their structures and operations. Although there were many common themes, this exploratory study showed that experiences of supporting employees with mental health problems differ substantially within this subgroup. This research indicated there might be differences between businesses operating in knowledge economy vs. service or manual sectors. Different types of firm will have varying scope for the type of adjustments and flexibilities that are possible. Future research should focus on understanding managing mental health in firms segmented by sector and organisational structure.

Many of the managers who volunteered to take part in this study were relatively well engaged in the workplace mental health agenda; several had professional expertise and/or lived experience of mental health problems. To gain a fuller understanding of small and micro employer experiences, future research must involve more organisations who are in a lesser state of readiness to respond to employee mental health problems in the workplace.

There remains far more to be understood about the lived experiences, challenges, constraints and indeed strengths of small and micro business employers and employees in the context of managing mental health at work. Further empirical research that involves a strong qualitative component is required in order to develop more tailored, targeted and thereafter more effective workplace mental health support than is currently available. In particular, further research should address the following:

1. 'What works' in supporting individuals to stay at work, return to work and retain employment in the small and micro business context?
2. In what ways do the distinctive social relations of small and micro business influence the management of mental health problems?

3. How do the resources and operating structures of small and micro businesses influence the nature and feasibility of workplace adjustments?
4. In what ways do employment and equality legislation influence the management of employee mental health in small and micro businesses?

There is a need to build this nuanced understanding of the complex interplay of contextual factors at play in managing employee mental health in small and micro business, though incorporating the perspectives of employers, employees, HR practitioners, occupational psychologists and OH providers that serve this sector. A triangulation of perspectives will allow insights into the individual, interpersonal, organisational and macro-level policy factors that combine to influence outcomes for workers with mental health problems and the firms in which they are employed.

We advocate that a new research stream should focus on small and micro firms, i.e. those with 10-49 employees and micro-businesses comprising 1-9 employees. Considering small and micro firms as distinct from the broader SME category is pertinent when examining the unique challenges and constraints shaping occupational health strategies and interventions. Firms in the medium-sized category (50-249 employees) begin to display different characteristics, are more likely to be in growth, with spans of control widening, greater access to resources and more able to redesign jobs. Indeed, there will be vast differences in approaches to HRM and occupational health at one end of the numerical scale compared to the other.

### 13.4 Sources of further information for small businesses

This was an independent research study, and we cannot recommend or endorse any particular organisations or providers. However, small and micro businesses looking for a starting point may find the following links useful<sup>3</sup>:

Mental Health at Work/ Federation of Small Businesses:

<https://www.mentalhealthatwork.org.uk/organisation/federation-of-small-businesses/>

CIPD and Mind: [https://www.cipd.co.uk/Images/mental-health-at-work-1\\_tcm18-10567.pdf](https://www.cipd.co.uk/Images/mental-health-at-work-1_tcm18-10567.pdf)

Mindful Employer: <https://www.dpt.nhs.uk/mindful-employer>

Business in Mind (Australian resource): <https://www.utas.edu.au/businessinmind>

Heads Up, the Mentally Healthy Workplace Alliance and Beyond Blue (Australian resource):

<https://www.headsup.org.au/healthy-workplaces/healthy-workplaces-for-small-businesses>

---

<sup>3</sup> Last accessed January 2021

## Acknowledgements

The study was funded by the University of York Priming Fund. We are grateful to the individuals and organisations that assisted in recruiting to the study by sharing project information among their members and networks. These include: Mindful Employer, the North Yorkshire Federation of Small Businesses, The York & North Yorkshire Chambers of Commerce, York Professionals, West Midlands Combined Authority, and a number of individual small business owner/managers. Particular thanks go to the 21 small and micro business managers who shared their experiences to inform this study.

## References

- Andersen, L. P., Kines, P., and Hasle, P. (2007). Owner attitudes and self reported behavior towards modified work after occupational injury absence in small enterprises: a qualitative study. *Journal of Occupational Rehabilitation*, 17(1), 107–121.
- Australian Small Business and Family Enterprise (2019). *Small Business Counts 2019*. Small business in the Australian economy.  
<https://www.asbfeo.gov.au/sites/default/files/documents/ASBFEO-small-business-counts2019.pdf>. Accessed 1 Aug 2020.
- Chisholm D, Sweeny K, Sheehan P, Rasmussen B, Smit F, Cuijpers P, Saxena, S. (2016). Scaling-up treatment of depression and anxiety: a global return on investment analysis. *Lancet Psychiatry*, 3(5), 415–24.
- Department for Business, Energy and Industrial Strategy (2020). *Business population estimates for the UK and regions: 2019 statistical release*.  
<https://www.gov.uk/government/publications/business-population-estimates-2019/business-population-estimates-for-the-uk-and-regions-2019-statistical-release-html>. Accessed 1 Aug 2020.
- Eakin, J., Clarke, J., and MacEachen, E. (2002). *Return to Work in Small Workplaces: Sociological Perspective on Workplace Experience with Ontario's 'Early and Safe' Strategy*. Toronto: University of Toronto.
- European Commission (2019). *Annual report on European SMEs 2018/2019*.  
[https://ec.europa.eu/growth/smes/business-friendly-environment/performance-review\\_en#annual-report](https://ec.europa.eu/growth/smes/business-friendly-environment/performance-review_en#annual-report). Accessed 30 Jul 2020.
- Gunnarson et al., 2014; Gunnarsson K, Larsson M, Schill H, Josephson M. (2014). Return to work in small enterprises. *Small Enterprise Research*, 21(2), 229–237.
- Ladegaard Y, Skakon J, Elrond AF, Netterstrøm B. (2019). How do line managers experience and handle the return to work of employees on sick leave due to work-related stress? A one-year follow-up study. *Disability and Rehabilitation*, 41(1), 44–52.
- National Council for Voluntary Organisations (2020). *UK Civil Society Almanac 2020*.  
<https://almanac.fc.production.ncvocloud.net/>. Accessed 1 Aug 2020.

Martin, A., Woods, M., & Dawkins, S. (2018). How managers experience situations involving employee mental ill-health. *International Journal of Workplace Health Management*. <https://www.emerald.com/insight/content/doi/10.1108/IJWHM-09-2017-0069/full/html>

Mitra, J. (2013). *Entrepreneurship, Innovation, Regional Development: An introduction*. Routledge: London.

Thompson, S. (2014). *Small firms, giant leaps: Small businesses and the road to full employment*. London: Institute for Public Policy Research.

Thurik, R., and Wennekers, S. (2004). Entrepreneurship, small business and economic growth. *Journal of Small Business and Enterprise Development*, 11(1), 140–149.

Urwin, P., and Buscha, F. (2012). *Back to Work. The role of small businesses in employment and enterprise*. London: Federation of Small Businesses.

US Small Business Administration (2017). *Frequently asked questions about small businesses*. <https://www.sba.gov/sites/default/files/advocacy/SB-FAQ-2017-WEB.pdf>. Accessed 1 Aug 2020.

Vos, T, Allen, C, Arora, M., Barber, R.M., Bhutta, Z.A., Brown, A. et al. (2016). Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet*, 388(10053), 1545–1602.

Wilson, S., Hicks, B., & Stevens, H. (2012). *Scoping the Development of Work and Cancer Support for SMEs: Executive Summary (Report 494)*. London: Institute for Employment Studies.

World Economic Forum (2016). *Seven actions towards a mentally healthy organisation: A seven-step guide to workplace mental health; World Economic Forum's Global Agenda Council on Mental Health 2014-2016*. <https://www.mqmentalhealth.org/articles/global-agenda-council-mental-health-seven-actions>. Accessed 1 Aug 2020.

World Economic Forum (2017). *The Inclusive Growth and Development Report 2017*. Available at: [www.weforum.org/reports/the-inclusive-growth-and-development-report-2017](http://www.weforum.org/reports/the-inclusive-growth-and-development-report-2017)

World Federation of Mental Health (2017). *Mental Health in the Workplace*. 2017. <https://wfmh.global/wp-content/uploads/2017-wmhd-report-english.pdf>. Accessed 1 Aug 2020.